SURVEY OF PROGRAM DYNAMICS (SPD)
TABLE OF CONTENTS

GENERAL REFERENCE SECTION

stateref

REFERENCE: PERMISSIBLE STATE CODES

AL=Alabama	IA=Iowa	NJ=New Jersey	VT=Vermont
AK=Alaska	KS=Kansas	NM=New Mexico	VA=Virginia
AZ=Arizona	KY=Kentucky	NY=New York	WA=Washington
AR=Arkansas	LA=Louisiana	NC=N. Carolina	WV=W.Virginia
CA=California	ME=Maine	ND=N. Dakota	WI=Wisconsin
CO=Colorado	MD=Maryland	OH=Ohio	WY=Wyoming
CT=Connecticut	MA=Massachusetts	OK=Oklahoma	
DE=Delaware	MI=Michigan	OR=Oregon	
DC=Dist. Colum.	MN=Minnesota	PA=Pennsylvania	
FL=Florida	MS=Mississippi	RI=Rhode Island	
GA=Georgia	MO=Missouri	SC=S. Carolina	
HI=Hawaii	MT=Montana	SD=S. Dakota	
ID=Idaho	NE=Nebraska	TN=Tennessee	
IL=Illinois	NV=Nevada	TX=Texas	(PRESS ENTER)
IN=Indiana	NH=New Hampshire	UT=Utah	__

REFERENCE SCREEN SHIFT-F10 - THIS REFERENCE SCREEN SHOWS INFORMATION THAT PERTAINS TO FUNCTION KEYS

Keymap

F1	BACK one item
F2	FORWARD one item (item must be answered)
F3	NEXT UNANSWERED item
F4	JUMP MENU
F7	Enter NOTES
F9	SKIP to next person
F10	Skip to END
Shift-F1	Current household information
Shift-F3	Current household members (Names only)
Shift-F5	SPANISH translation
Shift-F6	WINDOW toggle (jump to 2nd window)
Shift-F7	View NOTES
Shift-F8	Who's the RESPONDENT?
Shift-F9	Contact person information

_   (PRESS ENTER)

REFERENCE SCREEN SHIFT-F1: HH COMPOSITION SCREEN

HH_COMP1

THIS SCREEN IS NOT AVAILABLE UNTIL THE QUESTIONNAIRE PORTION OF THE INTERVIEW.

PRESS ENTER TO CONTINUE _

Note: After Questionnaire Portion Of The Interview (After HHRESP), The "HH_COMP" Screen Looks Like This.

HH_COMP2 This screen presents the current HH composition.

Number of persons in HH:
Person currently interviewed:

```
                       P S A            S A E R   O
                       A E G  MAR       P F D A   R
LN    NAME     RELAT   R X E  STAT      N N U C   I
-----------------------------------------------------------------------------------------------
        (roster persons)
```


PRESS ENTER TO CONTINUE ___

REFERENCE SCREEN SHIFT-F3 - NAMES OF HH MEMBERS

HHNAME

CURRENT HOUSEHOLD MEMBERS

LINE   NAME

(roster persons)

___   (PRESS ENTER)

Note: After Questionnaire Portion Of The Interview (After HHRESP), The "WHOAMI" Screen Looks Like This.

WHOAMI

The current respondent is:

(roster begin persons)

__ (PRESS ENTER)

(REFERENCE SCREEN SHIFT-F4 - Display Previous Wave Household Roster)

HHLWAVE This screen presents the household composition as of LAST interview.

Household telephone number:(Area Code))(Phone - Number)(Extension)
Household address:

HH Respondent: **Only show when HH Roster have more then one member**

Number of persons recorded in HH:

O				P	S A		S
S				A	E G	MAR	P
P	LN	NAME	RELAT	R	X E	STAT	N

(roster persons)

PRESS ENTER TO CONTINUE

(REFERENCE SCREEN SHIFT-F9 - THIS SCREEN PRESENTS THE CONTACT PERSON'S INFORMATION.)

CP_SUM

NAME 1: CP1 NAME
         CP1 ADDRESS
         CP RELATIONSHIP
         TELEPHONE NO.: (area code) (number)-(suffix) **EXT:**

ONLY SHOW WHEN CONTACT PERSONS ARE MORE THEN ONE

NAME 2: CP2 NAME
         CP2 ADDRESS
         CP2 RELATIONSHIP
         TELEPHONE NO.: (area code) (number)-(suffix) **EXT:**

(1) Change information for Contact Person #1
(2) Change information for Contact Person #2
(P) PROCEED - All information correct

___

SHOW OPTION #2 WHEN CONTACT PERSONS ARE MORE THEN ONE

(Reference Screen - THIS SCREEN PRESENTS THE CONTACT PERSON # 1)

CP1

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____
                 _____
                 _____

Current telephone: _____

Reference Screen - THIS SCREEN PRESENTS THE CONTACT PERSON # 2

CP2
Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____
                 _____
                 _____

Current telephone: _____

FRONT SECTION

START   CENSUS CAPI SYSTEM

SPD
THE SURVEY OF PROGRAM DYNAMICS

PSU:
SEGMENT: CASE STATUS IS:

DATE IS: APPOINTMENT:
TIME IS:

A $40 DEBIT CARD WAS GIVEN TO THIS HOUSEHOLD
DO NOT GIVE ANOTHER SPD DEBIT CARD TO THIS HOUSEHOLD

(P) Proceed - PERSONAL INTERVIEW
(A) Set appointment for visit or callback
(Q) Quit -- Do Not Attempt now
(R) Ready to transmit, no more follow-up needed (**#Only show when CASE is
ready for transmission**)

___

Set_Outcome

INSTRUCTIONS: This screen is used to set whatever outcome or
action code is desired for this case.

It should only be used as a last resort. Headquarters
staff will review all cases where this screen has
been used.

Old Outcome: (fill outcome)
New Outcome: _____

Old Action Code: (fill action)
New Action Code: _____

DIAL
  FR INSTRUCTION: **TELEPHONE INTERVIEWS ARE ALLOWED ONLY
                           AS A LAST RESORT**

          PRESS SHIFT-F4 TO REVIEW HOUSEHOLD COMPOSITION

  Dial this number: Area Code: (___) Phone Number: ___-____ Ext: ___
  Secondary number: Area Code: (___) Phone Number: ___-____ Ext: ___

     (1) Someone answers - BEGIN INTERVIEW
     (2) Someone answers - SET APPOINTMENT
     (3) No contact - answer machine/busy/no answer
     (4) New telephone number or telephone disconnected
     (5) Not attempted now

          ___

**(This Screen Calls Reference Screen (SHIFT-F4 "HHLWAVE") - Display Previous
Wave Household Roster.)**

HHAPPT1
  FR INSTRUCTION: SHIFT-F4 TO SEE HOUSEHOLD ROSTER;
              INTRODUCE YOURSELF TO RESPONDENT

  HH RESPONDENT FROM PREVIOUS WAVE:

  STREET ADDRESS:
  TELEPHONE NUMBER: (Area Code) (Phone #) EXT:

  ASK: Is there a convenient time I can contact your
        household to complete this interview?

        (1) YES - Set appointment for interview
        (2) No - Cannot set up appointment
        (3) Need to contact Directory Assistance
        (4) ALL sample persons moved to new address

          ___

DASSIST

Enter address or (S) for SAME, if no change needed

FR INSTRUCTION: Call directory assistance in your area
     if necessary to obtain the correct telephone
     number for this household.

(PRESS SHIFT-F4 TO DISPLAY HOUSEHOLD ROSTER AND ADDRESS
FROM PREVIOUS WAVE)

What is the new telephone number for the (fill RESPNAME)
household?

CURRENT NUMBER: Area Code:___ Telephone:___-____ Ext: ___

       ___ ___ - ____ ___

HHAPPT2

When would be a convenient time to conduct an
interview with your household?

       _____

HHAPPT3

Before I go, let me verify some information:

Is your address still (READ ADDRESS BELOW) ?

            (ADDRESS1)
            (ADDRESS2)
            (City, State Zip5+4)

(1) Yes
(2) No
(3) Address correction - HH did not move

(Q) End interview

__

HHAPPT4
    Enter address or (S) for SAME, if no change needed

  Current listing: (ADDRESS1)
            (ADDRESS2)

  _____
  _____

  Current listing: (City)

  _____

  Current listing: (State)
     __   (H) HELP

  Current Listing: (Zip5+4)
     _____-____

  CURRENT NUMBER: (Area Code)   (Phone#)   Ext:
                      ___   ___-____   _____

HHAPPT5

  FR INSTRUCTION: PRESS SHIFT-F4 TO DISPLAY PREVIOUS WAVE
                   HOUSEHOLD ROSTER

  I have listed (PRESS SHIFT-F4) as living in this household.

  Are ALL of these people still living here?

    (1) Yes
    (2) No

    (Q) End interview

    __

HHAPPT99
        Thank you for your assistance. I will visit your household on (date).

  FR INSTRUCTION: This household has persons who have moved since
                   the last interview; you may wish to review procedures
                   for movers before the interview.

    REMEMBER: Deal with mover cases early in the interview period, so
               that you have sufficient time to locate and interview
               the people who moved.

       PRESS ENTER TO CONTINUE

       __

INTRO_D

PEOPLE WITH INCOMPLETE SECTIONS

Those persons listed on the right
have not finished those sections.

1. EMPLOYMENT & EARNINGS
 LINE NAME
 (L_NO) (FULLNAME)

You can resume the interview with a
person in a section, or on the first
question where the interview was
interrupted (Item No.).

2. INCOME SOURCES
 (L_NO) (FULLNAME)

Or

3. EDUC ENROLLMENT, WK TRNG ...
 (L_NO) (FULLNAME)

This interview was partially
completed, and the control card
items were not completed. The
first skipped question was:
(Screen Name)

 (P) To resume on first skipped
    question: ITEM NO.
 (S) Pick a section & person
 (T) Type ABC Screen

 __

INTRO_D2

PEOPLE WITH INCOMPLETE SECTIONS

Enter the line number of the
person you want to resume with.

1. EMPLOYMENT & EARNINGS
 LINE NAME
 (L_NO) (FULLNAME)

 LINE: ___

2. INCOME SOURCES
 (L_NO) (FULLNAME)

 3. EDUC ENROLLLMENT, WK TRNG
 (L_NO) (FULLNAME)

 4) CHILD CARE ...
 (FULLNAME)

RESP

                                             LINE   NAME

   FR: This interview will resume on   (roster persons)
        Item: (Last Open Question)

       WHO'S THE RESPONDENT?

     ENTER LINE NUMBER OF RESPONDENT
     BELOW (MUST BE 15 OR OLDER)

LINE: __

EM2

     A respondent must be 15 or older. This person is listed as
     (age) years old.

     An age has not been determined for this person. Verify
     that this person is 15 or older before continuing.

        (1) To continue with this person (must be 15)
        (2) To pick another respondent
        (3) To arrange a callback

        __

INTRO

   Hello. I'm ... from the United States Bureau of the Census. Here is my
   identification card **(show ID card)**. Last year this household was contacted
   concerning a study on the economic situation of people who live in the
   United States. In order for us to measure change over time, we need to
   update that information. I have some further questions to ask you.

    FR: DID RESPONDENT RECEIVE ADVANCE LETTER? (IF NOT, GIVE COPY
       AND ALLOW TIME TO READ)

    (1) Inconvenient time - Set Callback Appointment
    (2) Reluctant Respondent - Hold for refusal follow-up
    (3) Noninterview (Type A/B/C/D)
    (4) Entire household moved
    (5) Contacted Incorrect Household - END INTERVIEW

    (P) Proceed

      __

INCNUMA

> DO NOT READ:

> FR: Did you give the respondent a debit card at the at the beginning of the interview?

(1) Yes
(2) No

__

INCNUMB

> DO NOT READ:

> FR: Enter 4-digit debit card number.

(A-L) __ __ __ __ (allow max for region)
(alpha) (NUMBER)

NOTE: INVALID Card Number. The maximum number of cards is _ _ _ _.

Press ENTER to return to INCNUMB.

INCWHY

> DO NOT READ:

> Why did you give the respondent a debit card?

1. The respondent did not get the original card that was mailed.
2. Type A conversion
3. Original mailed card does not work
4. This is a split case of an incentive household (the original household (OSPs) split into two or more cases)
5. Other (Specify)_____ (allow 70)

__

CANCEL   (If INCWHY is not equal to 4)

DO NOT READ:

This case was preassigned debit card _   _ _ _ _. The original debit card will be canceled by HQ.

Press Enter To Continue

TYPEABC ENTER NONINTERVIEW CODE

TYPE A	**TYPE B**
(1) No one home	(20) ENTIRE HH institutionalized
(2) Temporarily absent	
(3) Refused	**TYPE C**
(4) Language problem	(29) ENTIRE HH deceased
(5) Other Type A	(30) ENTIRE HH moved out of country
	(31) ENTIRE HH on active duty in Armed Forces

MOVER SITUATIONS

(32) ENTIRE HH Moved to known address OUTSIDE of FR's area
(33) ENTIRE HH Moved to known address WITHIN FR's area
(34) ENTIRE HH merged with another SPD HH
(35) ENTIRE HH Moved and split into several new SPD HH's
(36) ENTIRE HH Moved - further work needed to obtain address
(37) Other Type C

TYPE D

(38) ENTIRE HH Moved, address unknown
(39) ENTIRE HH Moved within US; RO determined case is outside SPD limits

__

BCINFO

 FR INSTRUCTION: For Type B and C noninterviews, collect the
 following information.

Date the household left sample: Month: __   Day: __

Name of person providing noninterview status
_____

 Title of contact person (relative, neighbor, etc.)
_____

 Contact person's address: _____

                           _____

City: _____   State: __ ZIP Code: _____-_____

Telephone number; Area Code: (___) Number: ___-_____   Extension: _____

SPCIFY

    Specify the kind of "Other" Noninterview

    _____

TYPC_OTH

Specify the kind of "Other" Noninterview

_____

NI_RACE

Enter the race of the reference person

(1) White
(2) Black
(3) American Indian, Aleut or Eskimo
(4) Asian or Pacific Islander
(5) Other
(D) Don't Know

__

NI_SEX

Enter the Sex of the reference person

(1) Male
(2) Female

__

NI_SIZE

ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household.
Count all children and adults.

__ <1-30>

NI_TENUR

Are the living quarters --

(1) Owned or being bought by the occupant(s)
(2) Rented for cash
(3) Occupied without payment of cash rent

__

D_INFO

FR INSTRUCTION:
For Type D noninterviews, collect the following information.

Date the household left sample: Month: __   Day: __

Name of person providing noninterview status
_____

Title of contact person (relative, neighbor, etc.)
_____

Contact person's address: _____

_____

City: _____   State: __   ZIP Code: _____

Telephone number; Area Code: (___) Number: ___-____   Extension: _____

TYPEADIS
** NOTE TO FR **

PLEASE DISCUSS THIS CASE WITH YOUR SUPERVISOR
BEFORE DESIGNATING IT AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE
__

GET_NEWAD1

ASK OR VERIFY -

Can you give me the new address of the individuals who
lived in this household?

(1) Yes
(2) No / Address not available yet

__

GET_NEWAD2

IF ANY PART OF THE ADDRESS IS UNKNOWN OR BLANK,
PRESS ENTER TO LEAVE THOSE FIELDS BLANK.

What is the new address for this/these person(s)?

NUMBER: _____
SUFFIX: ___
STREET NAME: _____
UNIT: _____
CITY OR PLACE: _____
STATE: __
ZIP5 : _____
ZIP4 : _____

TELEPHONE NUMBER: (___)   ___-____ Extension: _____

ALFTDATE

DATE OF LAST INTERVIEW:

When did these persons leave?
ENTER NUMERIC VALUES FOR MONTH AND DAY

MONTH: __
DAY: __

AVERDATE

I would like to verify that
these persons left before (MONTH) 1st.
Is that correct?

(1) Yes
(2) No

__

ARSNLFT

Why did these persons leave the household?
ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

(5)   Separation or divorce
(6)   Marriage
(7)   Became employed/unemployed
(8)   Due to job change - other
(10) Other

___   ___   ___

ALFTMAIN

What is the main reason these persons
left the household?

Display Reasons

__<1-10>

VERADD

What is your exact address?

CURRENT ADDR: _____
                  _____
                  _____

(1) Address correct as listed
(2) Some additions/changes to address are needed
(H) Help

STATE FIELD CAN NOT BE BLANK - SELECT CHOICE 2 AND UPDATE

___

ADDWARN

FR INSTRUCTION:

If the entire household has moved to a new address, DO NOT use the address change screen. Entire-household mover cases should be spawned from the TYPEABC screen. Enter (S) at the prompt to spawn a mover case (or cases).

(N) No changes needed
(S) Spawn mover case(s) from TYPEABC screen
(P) Proceed to the address change screen

__

CHGADD

CURRENT _____
ADDRESS _____

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: ____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: ___
ZIP5: _____
ZIP4: ___

CURRENT TELEPHONE NUMBER:

Area Code: _____   Telephone: _____ - _____   Extension: _____

MAILADDR<

Is this also your mailing address?

ADDRESS:

(1) Yes
(2) No

__

CHGMAIL

FR: Please enter the correct mailing address below.

CURRENT
ADDRESS

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: ____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

CITY OR PLACE: _____
STATE: ___
ZIP5: _____
ZIP4: ___

ACCESS

** DO NOT READ TO RESPONDENT **

IS ACCESS TO THIS UNIT

(1) Direct
(2) Through another unit
(H) Help

__

UNIT_CMB

** DO NOT READ TO RESPONDENT **

This household must be combined with the household through
which access is gained. Determine if the household is in or
out of the SPD sample.

(1) Combined with HH in SPD sample
(2) Combined with HH NOT in SPD sample

__

LIVQRT

** DO NOT READ TO RESPONDENT **

Enter type of living quarters
   HOUSING UNIT
   (1) House, apartment, flat
   (2) HU in nontransient hotel, motel, etc.
   (3) HU permanent, in transient hotel, motel, etc.
   (4) HU in rooming house
   (5) Mobile home or trailer with NO permanent room added
   (6) Mobile home or trailer with one or more permanent rooms added
   (7) HU not specified above

   GROUP QUARTERS UNIT
   (8) Quarters not HU in rooming or boarding house
   (9) Unit not permanent in transient hotel, motel, etc.
   (11) Student quarters in college dormitory
   (12) OTHER GROUP QUARTERS UNIT not specified above

   __

UNITS

ASK IF NOT APPARENT

How many housing units, both occupied and vacant,
are there in this structure?

   (1) One, detached
   (2) One, attached
   (3) Two
   (4) 3-4
   (5) 5-9
   (6) 10-19
   (7) 20-49
   (8) 50 or more

   __

BEGINT

I'm ready to begin the interview with questions about
who lives here, their ages, how they're related to each
other, and other information of that sort. Then, I will
ask questions about your jobs and any other sources of
income.

First, I will ask you about YOURSELF and then I'll
need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

VERMAIL

Is your mailing address:

ADDRESS: _____
             _____
             _____

    (1) Yes
    (2) No
    (H) Help

    __

CHVMAIL

FR: Please enter the correct mailing address below.

    If entry is correct, press the ENTER key, (H - Help for State abbreviations)

        NUMBER: ____
        SUFFIX: _____
  STREET NAME: _____
         UNIT: _____

PHY. DESCRIPTION: _____

  CITY OR PLACE: _____
        STATE: ___
         ZIP5: _____
         ZIP4: ___

TENURE

Are your living quarters --

(1) Owned or being bought by you or someone
in your household
(2) Rented for cash
(3) Occupied without payment of cash rent

__

VERFYTEN

Previously, we recorded that your living quarters were
(owned or being bought by you or someone in your household/rented for
cash/occupied without payment of cash rent).

Is that correct?

(1) Yes
(2) No

__

NEWTEN

ENTER CORRECT LIVING QUARTERS STATUS

(1) Owned or being bought by you or someone
in your household
(2) Rented for cash
(3) Occupied without payment of cash rent

__

PUBHSE

Is this residence in a public housing project, that is,
is it owned by a local housing authority?

(1) Yes
(2) No
(D) Don't Know
(H) Help

__

GVTRNT

Is the Federal, State or local government paying part
or all of the rent for this residence?

(1) Yes
(2) No
(D) Don't Know
(H) Help

__

PHSEC8

Is this through Section 8 or some other government program?

(1) Section 8
(2) Some other government program
(3) Not sure

__

RNTMON

During which months in 2001 did your household
receive rental assistance (through Section 8)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "**A**" for ALL, "**0**" to ERASE, "**N**" for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

STLLIV	LINE NAME

During our last interview we listed **(READ NAMES)** as living at this residence. Do all of these persons live here now?	**SHOW HOUSEHOLD ROSTER**

       (1) Yes
       (2) No

       __

NOTLIV

LEFT LINE	NAME	RELATIONSHIP
1		
2	Roster names	

    Which of these persons do not live here now?   ENTER NO. _____

LFTDATE

    DATE OF LAST INTERVIEW:

    When did (name) leave?

    MONTH: ___

    DAY: ____
    YEAR: _____(4 DIGITS)

VERDATE

   I would like to verify that (Name)
   left before August 1, 2001. Is that correct?

   (1) Yes
   (2) No

    __

RSNLFT

Why did (Name) leave the household?

___ ENTER ALL THAT APPLY - (N) FOR NO MORE

___ (1) Deceased
___ (2) Institutionalized
___ (3) On active duty in the Armed Forces
___ (4) Moved outside of U.S.
___ (5) Separation or divorce
___ (6) Marriage
___ (7) Became employed/unemployed
___ (8) Due to job change - other
___ (9) Merged with another household
___ (10) Other

___

LFTMAIN

What is the main reason (Name) left the household?

(1) Deceased
(2) Institutionalized
(3) On active duty in the Armed Forces
(4) Moved outside of U.S.
(5) Separation or divorce
(6) Marriage
(7) Became employed/unemployed
(8) Due to job change - other
(9) Merged with another household
(10) Other

___

WHOELSE

PEOPLE WHO HAVE MOVED TO THE SAME ADDRESS

LEFT LINE NAME   RELATIONSHIP

roster persons

ASK IF NECESSARY:

Did anyone else who lived here last time go
to live with **(READ NAME(S) ABOVE)**?

(1) Yes
(2) No

___

NEWADD

What is the new address for .... **READ NAMES ABOVE?**
FR: Do you know the new address? (1-yes, 2-no) _____

Number and Street:
ADR1 _____
ADR2 _____

CITY or PLACE: _____

State: _____STATE   (H) HELP

ZIP5: _____
ZIP4: _____   TELEPHONE NUMBER _____ ____- _____ EXT____

FRAREA

QUESTION TO FR:

Is this address within your interview area?
(1) Yes
(2) No
(3) Further work needed to obtain address

____

MORLEAV

LEFT LINE	NAME	RELATIONSHIP
1		
2	Roster names	

Is anyone else who lived here last time currently not
living here? (1-yes, 2-no) ____

NEWMBR	LN NAME
	--
(Is there anyone else living or staying here now, who I have not listed?/Is anyone else living or staying here now who I have not listed, including any newborn babies?)	**SHOW HOUSEHOLD ROSTER**
(1) Yes	
(2) No	
___	

FMRMBR	**INACTIVE HOUSEHOLD MEMBERS**
FR NOTE: Is the new household member you just added shown on the list of former household members? (IF YES, ENTER LINE NUMBER) (N) No, not shown LINE:____	LINE NAME

MOREFMR

Did anyone else on this list rejoin this household?

(1) Yes
(2) No

___

ADDFMR

Who is that?

(N) No more

LINE: ___

NEWNAME

What is the name of the new person?
Please include middle and maiden names.
(PRESS ENTER, IF NO MIDDLE OR MAIDEN NAME)

FIRST NAME   _____
MIDDLE NAME   _____
LAST NAME   _____
MAIDEN NAME   _____

Has he/she ever gone by any other last name?
(PRESS ENTER, IF NO OTHER LAST NAME)

OTHER NAME   _____

NEWRES

Does (Name) usually live here?

(1) Yes
(2) No

___

NEWURE

Does (Name) have some other residence where
he/she usually lives?

(1) Yes
(2) No

___

NOLIST

Since (Name) does not usually live here and has another residence he/she will not
be included in this survey.

___ (PRESS ENTER)

ENTDATE

When did (Name) begin living here?

(B)   If person lived at this address before
sample person(s) entered.

MONTH: __
DAY: __
YEAR: _____   (4 DIGITS)

VERDAT

I would like to verify that (Name) joined this household before August 1st. Is that
correct?

(1) Yes
(2) No

___

RSNENT

Why did (Name) join this household?

___ ENTER ALL THAT APPLY - (N) FOR NO MORE

___ (1) Birth
___ (2) Marriage
(___(3) Returned to household after missing one or more waves)
___ (4) Due to separation or divorce
___ (5) From an institution
___ (6) From Armed Forces barracks
___ (7) From outside the U.S.
(___ (8) Should have been listed as member in last interview)
___ (9) Became employed/unemployed
___ (10) Job change - other
___ (11) Lived at this address before sample person(s) entered
___ (12) Other

ENTMAIN

What was the main reason (Name) entered
the household?

(1) Birth
(2) Marriage
((3) Returned to household after missing one or more waves)
(4) Due to separation or divorce
(5) From an institution
(6) From Armed Forces barracks
(7) From outside the U.S.
((8) Should have been listed as member in last interview)
(9) Became employed/unemployed
(10) Job change - other
(11) Lived at this address before sample person(s) entered
(12) Other

___

NEWSEX

ASK IF NOT APPARENT:

Is (Name) Male or Female?

(1) Male
(2) Female

___

HHRESP	LN NAME
WHO'S THE RESPONDENT? ENTER LINE NUMBER OF RESPONDENT (MUST BE 15 OR OLDER) LINE: ___	--- **SHOW HOUSEHOLD ROSTER**

EM1

(A respondent must be 15 or older. This person is listed as
(AGE) years old./An age has not been determined for this person. Verify
that this person is 15 or older before continuing.)

(1) To continue with this person (must be 15)
(2) To pick another respondent
(3) To arrange a callback

   ___

NEWRP

FR NOTE:

Last time we recorded that (Name) was the person
or one of the persons who owned or rented the home.
(He/She) no longer lives here.

Who owns or rents this home?
WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER   ___

EM1B

(A reference person must be 15 or older. This person is listed
as (age) years old. /An age has not been determined for this person.
Verify that this person is 15 or older before continuing.)

(1) To continue
(2) To pick another reference person
(3) To arrange a callback

   ___

NEWRP2

FR NOTE:

Last time we recorded that (Name) was the person
or one of the persons who owned or rented the home.
(He/She) no longer lives here.

Who owns or rents this home?
**WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER ___**

NEWRP3

FR NOTE:

Last time we recorded that (Name) owned or rented the home.

Now that your address has changed, I need to know if (Name) is the person
or one of the persons who owns or rents this home.

(1) Yes, same person owns/rents home
(2) No, someone else owns/rents home

___

NEWRP4

Who owns or rents this home?
**WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER ___**

NEWRRP

FLASHCARD A

Which one of the responses listed best describes (your/name's) relationship to (Name)?

   (20) Spouse (Husband/Wife)
   (21) Unmarried Partner

   (22) Child
   (23) Grandchild
   (24) Parent (Mother/Father)
   (25) Brother/Sister
   (26) Other Relative of Reference Person
        (Uncle, cousin, mother-in-law, father-in-law, etc.)

   (27) Foster Child
   (28) Housemate/Roommate
   (29) Roomer/Boarder
   (30) Other Non-Relative of Reference Person

   ___

SPOUSE1

DO NOT READ TO RESPONDENT UNLESS NECESSARY

   Is one of the following SEX entries incorrect?

LINE   NAME   SEX

   (1) To correct LINE (REF_LNO)'s SEX entry
   (2) To correct LINE (L_NO)'s SEX entry
   (3) Neither sex entry is incorrect

   ___

SPOUSE2

  You said (NAME1) is (NAME2)'s spouse. Is that correct?

   (1) Yes
   (2) No

   ___

SPOUSE3
DO NOT READ TO RESPONDENT UNLESS NECESSARY

Earlier I recorded (NAME3) was (NAME2)'s spouse.

You have just reported (NAME1) is also (NAME2) spouse. Which is correct?

(1) (NAME3) is the
     correct spouse. Change relationship entry of
     (NAME1)
(2) (NAME1) is the
     correct spouse. Change relationship entry of
     (NAME3)

     ___

SPOUSE4

Please turn to flashcard A. What is (NAME1)'s relationship to
(NAME2)?

(22) Child
(23) Grandchild
(24) Parent (Mother/Father)
(25) Brother/Sister
(26) Other Relative of Reference Person
      (Uncle, cousin, mother-in-law, father-in-law, etc.)

(27) Foster Child
(28) Housemate/Roommate
(29) Roomer/Boarder
(30) Other Non-Relative of Reference Person

     ___

DAD1

You have reported both (NAME3) and (NAME1)
are parents of (NAME2)

Is that correct?

(1) No, change relationship to reference person code for
     (NAME1)
(2) No, change relationship to reference person code for
     (NAME3)
(3) Yes, this is correct.
     (One is natural father, one is step-father, for example)

     ___

DAD2

Please look at flashcard A. What is (NAME3)'s
relationship to (NAME2)?

(21) Unmarried Partner
(22) Child
(23) Grandchild
(24) Parent (Mother/Father)
(25) Brother/Sister
(26) Other Relative of Reference Person
    (Uncle, cousin, mother-in-law, father-in-law, etc.)
(27) Foster Child
(28) Housemate/Roommate
(29) Roomer/Boarder
(30) Other Non-Relative of Reference Person

_____

MOM1

You have reported both (NAME3) and (NAME1)
are parents of (NAME2)

Is that correct?

(1) No, change relationship to reference person code for
(NAME1)
(2) No, change relationship to reference person code for
(NAME3)
(3) Yes, this is correct.
(One is natural mother, one is step-mother, for example)

_____

MOM2

Please look at flashcard A. What is (NAME3)'s
relationship to (NAME2)?

(21) Unmarried Partner
(22) Child
(23) Grandchild
(24) Parent (Mother/Father)
(25) Brother/Sister
(26) Other Relative of Reference Person
    (Uncle, cousin, mother-in-law, father-in-law, etc.)
(27) Foster Child
(28) Housemate/Roommate
(29) Roomer/Boarder
(30) Other Non-Relative of Reference Person

_____

RPDAD

I've recorded that (Name) is (NAME2)'s father. Is (NAME2) his
biological, step, adopted or foster child?

   (1) Biological or natural
   (2) Stepchild
   (3) Adopted child
   (4) Foster child

   ___

RPDAD2

Is (NAME2) also his adopted child?

   (1) Yes
   (2) No

   ___

RPMOM

I've recorded that (NAME1) is (NAME2)'s mother. Is (NAME2) her
biological, step, adopted or foster child?

   (1) Biological or natural
   (2) Stepchild
   (3) Adopted child
   (4) Foster child

   ___

RPMOM2

Is (NAME2) also her adopted child?

   (1) Yes
   (2) No

   ___

INTROCC

Now I will briefly review a little information about
the people who live here.

   ___   (PRESS ENTER)

AGECHK

I have listed that (your/name's) age is (AGE) (this month).
Is that correct?

        (1) Yes
        (2) No

      ___

NUBDAY

What is (your/name's) date of birth?

(1) January	(5) May	(9) September
(2) February	(6) June	(10) October
(3) March	(7) July	(11) November
(4) April	(8) August	(12) December

BIRTH MONTH
PREVIOUS ANSWER: _____
                   _____

DAY OF MONTH
PREVIOUS ANSWER: _____
                   _____

BIRTH YEAR
PREVIOUS ANSWER: _____
                   _____

DOB

What is (your/name's) date of birth?

(1) January	(5) May	(9) September
(2) February	(6) June	(10) October
(3) March	(7) July	(11) November
(4) April	(8) August	(12) December

      ENTER MONTH: _____

        ENTER DAY: _____

ENTER 4 DIGIT YEAR: _____

DOBA

Would you say (Name) Is:

    (1) (AGE1) years of age?
    (2) (AGE2) years of age?
    (N) Neither is correct

      ___

VERAGE

That would make (you/name) (AGE).
Is that correct?

> (1) Yes, age is correct
> (2) No, age is not correct

___

AGEGES

ENTER YOUR BEST ESTIMATE OF (NAME)'s AGE:

___

OLDMS

Last time I recorded (your/name's) marital status as (STATUS).
Is that (your/his/her) current marital status?

> (1) Yes
> (2) No

___

OLDSP

Last time I recorded that (you were/name was)
married to (Name). Is that currently correct?

> (1) Yes
> (2) No

___

MS

What is (your/name)'s current Marital Status?

((1) Married, SPOUSE PRESENT)
(2) Married, SPOUSE ABSENT
(3) Widowed
(4) Divorced
(5) Separated
(6) Never married

___

LNSP	LISTING OF ELIGIBLE SPOUSES
ENTER LINE NUMBER OF (NAME)'s SPOUSE. **(ASK IF NECESSARY)**	-- **LINE NAME**
(N) No one listed	
___	

SPSSX1

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE   NAME   SEX

(1) To correct Line (L_NO)'s SEX entry
(2) To correct Line (X)'s SEX entry
(3) Neither SEX entry is incorrect

___

SPSSX2

You said (NAME3) is (NAME1)'s spouse.
Is that correct?

(1) Yes
(2) No

___

ENDMAR

In what month and year (were you/was (name)/ (widowed/divorced)?

MONTH ___
YEAR _____

LSTMAR

In what month and year did (you/name) get married most recently?

MONTH____
YEAR_____

FMAR

In what month and year did (you/name) get married?

MONTH ____
YEAR _____

EVRWID

(Have you/Has name) EVER been widowed?

        (1) Yes
        (2) No

        ___

EVRDIV

(Have you/Has name) EVER been divorced?

        (1) Yes
        (2) No

        ___

AFEVER

Did (you/name) ever serve on active duty in the
U.S. Armed Forces?

        (1) Yes
        (2) No

        ___

AFWHEN

From a previous interview, we recorded that (you/name) served on
active duty in the U.S. Armed Forces, but we don't have a record of
the times served. When did (you/name) serve on active duty?

(ENTER ALL THAT APPLY)

When did (you/name) serve on active duty?

(N) No more
(X) Information is wrong, never served in Armed Forces
(H) Why are different service periods displayed?

ANSWER: ___

Did (you/name) serve on active duty any other times?

___(1)   August 1990 to present (including Persian Gulf War)
___(2)   September 1980 to July 1990
___(3)   May 1975 to August 1980
___((4) Vietnam Era (Aug.'64 - April '75))
___((5) Other service (All other periods))

AFNOW

(Are you/Is name) now on active duty in
the Armed Forces?

(1) Yes
(2) No

___

OLDED

I have recorded that (your/name's) highest level
of school completed or highest degree received is:
(Education Level)

Is that still correct?

       (1) Yes
       (2) No

       ___

EDUCA

FLASHCARD B

What is the highest level of school (you/name) (have/has) completed or the
highest degree (you/he/she) (have/has) received?

(31) Less than 1st grade
(32) 1st,2nd,3rd or 4th grade
(33) 5th or 6th grade
(34) 7th or 8th grade
(35) 9th grade
(36) 10th grade
(37) 11th grade
(38) 12th grade, no diploma
(39) HIGH SCHOOL GRADUATE - high school
    DIPLOMA or equivalent (e.g., GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational, technical,
    trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program

(44) Bachelors degree
    (For example: BA, AB, BS)
(45) Master's degree (For example:
    MA, MS, MEng, MEd, MSW, MBA)
(46) Professional School Degree (For
    example: MD,DDS,DVM,LLB,JD)
(47) Doctorate degree
    (For example: PhD, EdD)

    ____

EDUCB

(Have you/Has name) completed high school by
means of a GED or other equivalency test or program?

> (1) Yes
> (2) No

____

LNMOM

LINE   NAME

LIST OF ELIGIBLE FEMALES

Is (your/name's) mother a member of this household?
(SEE LIST ABOVE FOR ELIGIBLE PEOPLE)

Enter (N), if not listed above

LINE NO. ___

TYPMOM

(NAME) is the parent.

(Are you/Is name) her biological, step, adopted,
or foster child?

> (1) Biological or natural
> (2) Stepchild
> (3) Adopted child
> (4) Foster child

___

TYPMOM2

(Are you/Is name) also (Name)'s adopted child?

> (1) Yes
> (2) No

___

STEPMOM

Is (Name) also her stepchild?

(1) Yes
(2) No

___

LNDAD

LIST OF ELIGIBLE MALES

LINE   NAME

List Eligible males

Is (your/name's) father a member of this household?

IF NO, ENTER (N)
IF YES, ENTER THE FATHER'S LINE NUMBER

___

TYPDAD

(Name) is the parent.

(Are you/Is name) his biological, step, adopted,
or foster child?

(1) Biological or natural
(2) Stepchild
(3) Adopted child
(4) Foster child

___

TYPDAD2

(Are/Is) (NAME1) also (NAME3)'s adopted child?

(1) Yes
(2) No

___

STEPDAD

Is (Name) also his stepchild?

(1) Yes
(2) No

___

OLDGRD

I have listed that (NAME2) is (Name)'s guardian.
Is that correct ?

(1) Yes
(2) No

___

LNGD

Who in this household is most knowledgeable person
about (Name) and (his/her) activities?

(N) Not listed

___

LISTING OF ELIGIBLE GUARDIANS

LINE   NAME

roster persons

NEWRACE

FLASHCARD C

Which of the categories (on this card) best
describes (your/name's) race?

IF TELEPHONE INTERVIEW, READ CATEGORIES TO RESPONDENT

IF NECESSARY: READ CATEGORIES TO RESPONDENT

(1) White
(2) Black
(3) American Indian, Eskimo, or Aleut
(4) Asian or Pacific Islander
(5) Other Race

___

OTHRAC

Enter the specific race reported.

_____

ORIGIN

FLASHCARD D

What is (your/name's) origin or descent?
(READ CATEGORIES IF NECESSARY FOR TELEPHONE INTERVIEWS)

(1) Canadian   (20) Mexican   (30) African-American or
(2) Dutch   (21) Mexican-American   Afro-American
(3) English   (22) Chicano   (31) American Indian,
(4) French   (23) Puerto Rican   Eskimo or Aleut
(5) French-Canadian   (24) Cuban   (32) Arab
(6) German   (25) Central American   (33) Asian
(7) Hungarian   (26) South American   (34) Pacific Islander
(8) Irish   (27) Dominican Republic (35) West Indian
(9) Italian   (28) Other Hispanic
(10) Polish   (39) Another group not listed
(11) Russian
(12) Scandinavian   (40) American
(13) Scotch-Irish
(14) Scottish
(15) Slovak
(16) Welsh
(17) Other European   ___

BCNTRY

FLASHCARD E

What country (was/were) (name/you) born in?

(301) Canada	(383) Guyana	(315) Mexico
(206) Cambodia	(342) Haiti	(316) Nicaragua
(207) China	(314) Honduras	(385) Peru
(379) Colombia	(209) Hong Kong	(231) Philippines
(337) Cuba	(117) Hungary	(128) Poland
(339) Dominican Republic	(210) India	(129) Portugal
(380) Ecuador	(212) Iran	(72) Puerto Rico
(312) El Salvador	(119) Ireland/Eire	(192) Russia
(139) England	(120) Italy	(140) Scotland
(109) France	(343) Jamaica	(238) Taiwan
(110) Germany	(215) Japan	(239) Thailand
(116) Greece	(217) Korea/South Korea	(351) Trinidad & Tobago
(313) Guatemala	(221) Laos	(242) Vietnam

(57) United States
(M)   More countries

____

BCNTRY_1

What country (were you/was name) born in?

(200) Afghanistan	(103) Belgium	(415) Egypt
(60) American Samoa	(300) Bermuda	(417) Ethiopia
(375) Argentina	(376) Bolivia	(507) Fiji
(185) Armenia	(377) Brazil	(108) Finland
(102) Austria	(205) Burma	(421) Ghana
(501) Australia	(378) Chile	(138) Great Britain
(130) Azores	(311) Costa Rica	(340) Grenada
(333) Bahamas	(155) Czech Republic	(66) Guam
(202) Bangladesh	(105) Czechoslovakia	(126) Holland
(334) Barbados	(106) Denmark	(211) Indonesia
(310) Belize	(338) Dominica	

(M) More countries
(57) United States

___

BCNTRY_2

(213) Iraq	(440) Nigeria	(134) Spain
(214) Israel	(142) Northern Ireland	(136) Sweden
(216) Jordan	(127) Norway	(137) Switzerland
(427) Kenya	(229) Pakistan	(237) Syria
(183) Latvia	(253) Palestine	(240) Turkey
(222) Lebanon	(317) Panama	(78) U.S. Virgin Islands
(184) Lithuania	(72) Puerto Rico	(195) Ukraine
(224) Malaysia	(132) Romania	(180) USSR
(436) Morocco	(233) Saudi Arabia	(387) Uruguay
(126) Netherlands	(234) Singapore	(388) Venezuela
(514) New Zealand	(156) Slovakia/Slovak Rep.	(147) Yugoslavia
(449) South Africa		

(M) More countries
(B) Previous screen
(57) United States

___

BCNTRY_3

The country you have named is not on my list. Can you tell me what part
of the world that country is in? **(READ LIST IF NECESSARY)**

(353) Caribbean	(148) Europe	(245) Asia
(318) Central America	(252) Middle East	(527) Pacific Islands
(389) South America	(468) North Africa	(555) Elsewhere
(304) North America	(462) Other Africa	

(B) Previous screen

___

CITIZEN

(Are you/Is name) a U.S. citizen?

(1) Yes
(2) No

___

NATCIT

(Are you/Is name) a citizen through naturalization or (were you/was name)
born abroad of American parents?

(1) Naturalized citizen
(2) Born abroad of American parents

___

NATMONYR

In what month and year did (you/Name) become a citizen of the U.S.?

MONTH: _____ (ENTER DIGITS)

(0) Enter 0, if before 1900

YEAR: ____ (ENTER DIGITS)

E1

FR: The year just entered comes before the person's birth year.
If the previous answer is wrong, press F1 to back up and change the answer.

If the previous answer is correct, use the jump menu (press F4) to correct
the person's year of birth. You can return to this point in the interview
by pressing F3.

___ (PRESS ENTER)

OTHLANG

(Do/Does) (you/name) speak some language other than English at home?

(1) Yes
(2) No - speaks only English

____

WHATLANG

What is this language? (MARK ONLY ONE. IF MORE THAN ONE,
PROBE: WHAT IS THE MAIN LANGUAGE, OTHER THAN ENGLISH?)

(1) Spanish
(2) Asian language (e.g., Chinese, Japanese, Vietnamese)
(3) Other European language (e.g., French, German, Polish)
(4) Other - specify

___

SPECIFY: _____

ENGLISH
How well (do/does) (you/name) speak English?

READ CATEGORIES

(1) Very Well
(2) Well
(3) Not well
(4) Not at all

___

WD1	LINE NAME
I have listed the following people as living here now (READ LIST).	**SHOW HOUSEHOLD ROSTER**

Since May 2001, did any of these people live somewhere else for a total of 30 days or more, not counting vacations or business trips?

DO NOT INCLUDE TIME PRIOR TO JOINING HOUSEHOLD

(1-Yes, 2-No)

___

(N) No more

Who lived elsewhere? ___
Anyone else?

W3

Since May 2001, during which months did (you/Name) live away from this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period; use "**A**" for ALL; use "**0**" to erase; use "**N**" for no more.

FROM _____ TO _____   FROM _____ TO _____   FROM _____ TO _____
FROM _____ TO _____   FROM _____ TO _____   FROM _____ TO _____

** 2001 **   ** 2001 **   ** 2002 **   ** 2002 **

___(5) MAY   ___(9) SEP   ___(13) JAN   ___(17) MAY
___(6) JUN   ___(10) OCT   ___(14) FEB   ___(18) JUN
___(7) JUL   ___(11) NOV   ___(15) MAR   ___(19) JUL
___(8) AUG   ___(12) DEC   ___(16) APR

W4A

During that time, (were you/was name) living alone or (were/was)
(you/he/she) living with other people?

> (1) Living alone
> (2) Living with other people

> ___

W4B

(Were you/Was name) living in a house or apartment or (were/was) (you/he/she)
living in a group setting such as a dormitory, nursing home, prison, or emergency
shelter?

> (1) House or apartment
> (2) Group setting

> ___

W4C

How (Are you/Is name) related to the person who owned or rented
that house or apartment?

> (1) Spouse
> (2) Child
> (3) Parent
> (4) Brother/Sister
> (5) Other relative
> (6) Nonrelative
> (7) (You/Name) owned/rented

> ___

W5

Besides the people living here now, was there anyone else who lived
in this household for a total of 30 days or more, not counting
vacations, since May 2001?

 DO NOT INCLUDE ANYONE PREVIOUSLY LISTED ON ROSTER

> (1) Yes
> (2) No

> ___

W6

(What are the names of the other people who lived here?/And what
is that person's name?)

FIRST: _____
MIDDLE: _____
LAST: _____

Anyone else?

(1) Yes
(2) No

___

W7

Since May 2001, during which months did (Name) live
in this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period;
use "**A**" for ALL; use "**0**" to erase; use "**N**" for no more.

FROM _____ TO _____   FROM _____ TO _____   FROM _____ TO _____

FROM _____ TO _____   FROM _____ TO _____   FROM _____ TO _____

** 2001 **   ** 2001 **   ** 2002 **   ** 2002 **

___(5) MAY   ___(9) SEP   ___(13) JAN   ___(17) MAY
___(6) JUN   ___(10) OCT   ___(14) FEB   ___(18) JUN
___(7) JUL   ___(11) NOV   ___(15) MAR   ___(19) JUL
___(8) AUG   ___(12) DEC   ___(16) APR

TSEX

ASK IF NOT APPARENT:

Is (Name's) Male or Female?

(1) Male
(2) Female

___

TRRP

FLASHCARD A

Which one of the responses listed best describes (your/name's)
relationship to (REF NAME)?

    (20) Spouse (Husband/Wife)
    (21) Unmarried Partner
    (22) Child
    (23) Grandchild
    (24) Parent (Mother/Father)
    (25) Brother/Sister
    (26) Other Relative of Reference Person
           (Uncle, cousin, mother-in-law, father-in-law, etc.)
    (27) Foster Child
    (28) Housemate/Roommate
    (29) Roomer/Boarder
    (30) Other Non-Relative of Reference Person

     ___

TAGE

  What is (your/name's) age?

  AGE: ___

TM

    During the time (Name) was living in this household,
    did (he/she) contribute any money toward paying household expenses?

       (1) Yes
       (2) No

     ___

SSN

  What is (your/name's) Social Security or Railroad
  Retirement Number?

  (N) None -- Doesn't have an SSN or RRN

     _ _ _ - _ _ - _ _ _ _

CBSSN

This information is especially important to the survey.
If I were to call you later do you think I might be able to
get the information then?

> (1) Yes
> (2) No

_____

CHANGE

**FR: VERIFY & CORRECT INFORMATION. FOR INCORRECT
INFORMATION, ASK:**

"I need to verify some of the information I have collected for ...

(P) All correct   **Or** Enter LINE NUMBER of Person Needing a CHANGE

_____   **"SHIFT-F6" TO DISPLAY FULL ROSTER**

		R	**O**	**E**	**S**
		A	**R**	**D**	**S**
LN	**NAME**	**C**	**I**	**U**	**N**

Show Household Roster

CHG_WHAT

What change is needed for: (Name)

(M) Mistake -- no changes needed	(4) Race
(2) Name	(5) Origin
(3) Educational attainment	(6) Social Security Number _____

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

LN   NAME   RAC   ORI   EDU   SSN

Show Household Roster

FIXNAME

What is the name of the person living or staying
here? Please include middle and maiden names.
PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME   _____
MIDDLE NAME   _____
LAST NAME   _____
MAIDEN NAME   _____

Has he/she ever gone by any other last name?
PRESS ENTER IF NO "OTHER" NAME

OTHER NAME   _____

FIXEDUC

FLASHCARD B

What is the highest level of school (you/name) (have/has) completed or the
        highest degree (you/he/she) (have/has) received?

(31) Less than 1st grade   (44) Bachelors degree
(32) 1st,2nd,3rd or 4th grade   (For example: BA, AB, BS)
(33) 5th or 6th grade   (45) Master's degree (For example:
(34) 7th or 8th grade   MA, MS, MEng, MEd, MSW, MBA)
(35) 9th grade   (46) Professional School Degree (For
(36) 10th grade   example: MD,DDS,DVM,LLB,JD)
(37) 11th grade   (47) Doctorate degree
(38) 12th grade, no diploma   (For example: PhD, EdD)

(39) HIGH SCHOOL GRADUATE - high school DIPLOMA
       or equivalent (For example: GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational, technical,
       trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program   ____

FIX_ED_B

(Have you/Has name) completed high school by
means of a GED or other equivalency test or program?

                (1) Yes
                (2) No

                ___

FIXRACE   **FLASHCARD   C**

Which of the categories on this card best describes
(your/name's) race?

       (1) White
       (2) Black
       (3) American Indian, Aleut, or Eskimo
       (4) Asian or Pacific Islander
       (5) Other Race

      ___

FIX_ORAC

Enter the specific race reported.

    _____

FIXORIG   **FLASHCARD   D**

Which of the categories on this card best describes (your/name's) origin or descent?

(1) Canadian	(20) Mexican	(30) African-American or
(2) Dutch	(21) Mexican-American	Afro-American
(3) English	(22) Chicano	(31) American Indian,
(4) French	(23) Puerto Rican	Eskimo or Aleut
(5) French-Canadian	(24) Cuban	(32) Arab
(6) German	(25) Central American	(33) Asian
(7) Hungarian	(26) South American	(34) Pacific Islander
(8) Irish	(27) Dominican Republic	(35) West Indian
(9) Italian	(28) Other Hispanic	
(10) Polish		(39) Another group not listed
(11) Russian		
(12) Scandinavian		(40) American
(13) Scotch-Irish		
(14) Scottish		
(15) Slovak		
(16) Welsh		
(17) Other European		___

FIXSSN

What is (your/name's) Social Security or Railroad Retirement Number?

 (N) None -- Doesn't have an SSN or RRN

    _ _ _ - _ _ - _ _ _ _

CHG_MORE

Are any more changes needed for: (Name)

(1-Yes, 2-No)

_____

FALLOUT

FR INSTRUCTION:
ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW ARE UNDER THE
AGE OF 15.

THIS HOUSEHOLD IS NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING:
PRESS F1; BACKUP AND VERIFY AGE IN THE AGECHK SCREEN.

Or

FR INSTRUCTION:
THERE ARE NO ELIGIBLE RESPONDENTS LEFT IN THE HOUSEHOLD.   THIS
HOUSEHOLD IS NOW CLASSIFIED A TYPE B NONINTERVIEW -
INSTITUTIONALIZED.

IF THIS IS INCORRECT. BACK UP USING F1 AND CHANGE YOUR
PREVIOUS ANSWERS.

Or

ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW
ARE CURRENTLY SERVING IN THE ARMED FORCES. THIS HOUSEHOLD IS
NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING:
PRESS F1; CHANGE ARMED FORCES STATUS IN THE AFNOW SCREEN.

Or

THIS HOUSEHOLD IS NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT. BACK UP USING F1 AND CHANGE YOUR
PREVIOUS ANSWERS.

Or

ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW
NO LONGER LIVE IN THE HOUSEHOLD.

THIS HOUSEHOLD IS NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING:
RESTART THE CASE IN CASE MANAGEMENT.

IF THIS INFORMATION IS CORRECT,
PRESS ENTER TO CLOSE OUT THE CASE.

___

Help Screens

H_MSNGPRSN

This question is intended to verify that there are no
other persons in the household. Studies have shown that
persons will occasionally forget to mention certain persons
in the household who would qualify for SPD interviews, such
as temporary roomers, persons who live or stay in that unit
part of the month, etc.

PRESS "ENTER" TO EXIT HELP ___

H_LIVEAT

Part of the housing unit definition includes the idea
that people living in a unit will either live together
OR eat together.

PRESS "ENTER" TO EXIT HELP ___

H_OTHLIV

Part of the housing unit definition includes the idea
that people living in a unit will either live together
or eat together, and that no other persons in the structure
(i.e., in another unit or room) live or eat with this household.

PRESS "ENTER" TO EXIT HELP ___

H_XACCESS

If the people who do not live or eat with the household
members have direct access to a separate living arrangement,
from the outside or through a common hallway, mark "Yes".

PRESS "ENTER" TO EXIT HELP ___

H_USUAL

This is the usual place of residence if this address is the
household member's sole address, or if the household member
has 2 addresses but lives at this address most days in a
given month.

PRESS "ENTER" TO EXIT HELP ___

H_NXTLIV

The household member usually lives here if this address is
his/her sole address, or if the household member has
2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP ___

H_TRRP2

  o The CHILD response includes natural, step, and adoptive
     children. Foster children are classified as code 27.
  o The PARENT response does NOT include in-laws; they are
     classified as code 26.
  o UNMARRIED PARTNERS live together in a housing unit as if
     they were married partners.
  o HOUSEMATE/ROOMMATES share a housing unit and living expenses
     for economic reasons.
  o ROOMER/BOARDERS pay rent to live in the reference person's home.

PRESS "ENTER" TO EXIT HELP ___

H_AGEGES

If the respondent does not know a person's age, enter the
best estimate of the person's age in this screen.
Age is important to the CAPI questionnaire's ability to
skip correctly for specific questions.

PRESS "ENTER" TO EXIT HELP ___

H_VERAGE

Age is calculated as of the last day of the interview month.
If calculated age is not correct, answering "No" will permit
you to correct the date of birth entries from the previous screen.

PRESS "ENTER" TO EXIT HELP ___

H_MS

  o If the person's spouse is NOT a household member but he/she
     reports being married, mark "Married, spouse ABSENT"
  o If the person is separated from his/her spouse because of
     mutual agreement or by a legal decree but he/she is not yet
     divorced, mark "Separated".
  o If the person reports having been married but the marriage
     was annulled, mark the "never married" category.

PRESS "ENTER" TO EXIT HELP ___

H_AFWHEN

The CAPI instrument will display only those service periods
that are appropriate to the age of the person. Note that
you may record up to 4 time periods of active duty service.

PRESS "ENTER" TO EXIT HELP ___

H_EDUCA

This item provides information on the current educational
level of persons. Be sure the level marked was completed.
For example, persons may have attended college but not completed
a degree; in this case, code 40 should be marked. For persons who
have completed elementary, junior high, or high school as the
highest level of education, determine the highest grade or year
completed. Do not assume "junior high" falls in the 7th or
8th grade category. Some junior highs begin with the 6th grade
and some end with the 10th grade.

(31) Enter this code for persons who have not completed at
     least the 1st grade. They may have no schooling or
     completed only nursery school or kindergarten.

(38) Enter only those who have completed the 12th grade or year
     but DO NOT have a high school diploma or the equivalent.

  PRESS "SHIFT-F6" TO EXIT HELP

(39) High school graduate indicates the person has received a
     high school diploma or the equivalent such as a GED.
     Include any persons who have completed less than 12 years
     of school but who have obtained a diploma.

(40) Enter this category for those who have attended some college
     and have not yet received a degree. "College" indicates a
     school that grants college or university degrees, it does not
     include vocational, technical, business or trade school
     certificates or diplomas.

  PRESS "SHIFT-F6" TO EXIT HELP

(41) Vocational, technical, trade or business schools include
     things such as beauty schools, schools for dental assistants,
     secretarial schools, nursing schools which do not award
     college degrees, and electrician certification. Schools such
     as these may award a diploma, certification or license as
     their final degree.

     If uncertain, ask if the school granted the individual a
     college degree. If the program lasted 2 years or more and
     the degree awarded was an Associate, Bachelor's, Master's,
     or Doctorate, do not check code 41.

(42) Associate's degrees are generally granted from 2-year institutions. If the major field of study followed an occupational or vocational track preparing one for a specific technical job or career upon completion of the program, mark this category.

   PRESS "SHIFT-F6" TO EXIT HELP

(43) An academic program of an Associate's degree includes fields in the humanities/liberal arts, social sciences, and general sciences and is often used as preparation for a 4-year (Bachelor's) degree.

(44) Mark this entry if the degree completed is a Bachelor's degree (generally granted by four-year institutions). This includes Bachelor's of Arts and Bachelor's of Science.

(45) Mark this if a Master's degree was granted from a university or college program. These include Master of Science, Arts, Social Work, Business Administration.

(46) A professional degree is granted from a graduate or professional school, post-baccalaureate. This includes medical (MD), law (JD), dental (DDS), theological, or veterinarian (DVM) degrees.

   PRESS "SHIFT-F6" TO EXIT HELP

(47) Mark this entry for persons who have completed a Doctor of Philosophy (PhD), Doctor of Education (EdD), or other doctoral degree.

   PRESS "ENTER" TO EXIT HELP ____

H_RACE
   Enter the race as reported by the respondent. If the person reports a race not listed, select "other race" and enter the reported race in the next screen provided.

   If more than one race is reported, or the respondent is uncertain, ask "Which race does ... most closely identify with?" and record the race reported. If the respondent is unable to provide a single response, ask the race of the person's mother (if not already reported) and record the race of the person's mother. If the respondent is unable to report a single race for the mother, record the first race originally mentioned for the same person.

   PRESS "ENTER" TO EXIT HELP ___

H_ORIGIN

Enter the origin as reported by the respondent. If the person
reports more than one origin, ask him/her to select only one
choice. If the person has difficulty selecting only one,
determine the origin of the person's mother, and enter that
code in the space provided.

PRESS "ENTER" TO EXIT HELP ___

H_SSN

WHY DOES THE CENSUS BUREAU WANT TO KNOW MY SOCIAL
SECURITY NUMBER?

"The Survey of Income and Program Participation collects social
security numbers so we can obtain information that was provided
to other government agencies. This helps us avoid asking questions
for which information is already available and helps ensure the
accuracy and completeness of the survey results. We protect
administrative records information that we obtain from these
agencies from unauthorized use just as the survey responses are
protected. Providing your social security number is voluntary."

PRESS "ENTER" TO EXIT HELP ___

H_SPOUSE2

If the person reports more than one spouse, or reports
a spouse of the same sex, this screen will appear.
Resolve the inconsistency.

PRESS "ENTER" TO EXIT HELP ___

H_DAD1

This screen appears when a person reports having 2 fathers.

PRESS "ENTER" TO EXIT HELP ___

H_MOM1

This screen appears when a person reports having 2 mothers.

PRESS "ENTER" TO EXIT HELP ___

H_RPDAD

o A natural child is the biological child of both the reference
    person and his/her spouse.

o An adopted child must have been legally adopted and not be a
    child of the reference person's spouse.

o A stepchild is the biological child of the spouse of the
    reference person.

o Foster children are placed in a household by a government
    agency or a representative of a government agency.

o If the person's child is both step and adopted, answer adopted.

   PRESS "ENTER" TO EXIT HELP ___

H_EVRDIV

If the person has been married but the marriage was annulled,
consider the marriage as having never occurred.

   PRESS "ENTER" TO EXIT HELP ___

H_SPSSX1

This question appears if the sex entry for the person's
spouse appears to be incorrect.

   PRESS "ENTER" TO EXIT HELP ___

H_LNMOM

If the person's mother is not a member of this household,
enter "N" in the space provided. Otherwise, enter the line
number of the person's mother in the space provided.

   PRESS "ENTER" TO EXIT HELP ___

H_LNDAD

If the person's father is not a member of this household,
enter "N" in the space provided. Otherwise, enter the line
number of the person's father in the space provided.

   PRESS "ENTER" TO EXIT HELP ___

H_LNGD

A guardian has legal custody and/or responsibility for a
minor child under the age of 18.

PRESS "ENTER" TO EXIT HELP ___

H_CBSSN

The CAPI instrument will allow you to enter the person's
SSN after the interview is completed. You will need to
schedule an appointment to call the respondent and collect
this information.

PRESS "ENTER" TO EXIT HELP ___

H_CHANGE

EDUCATION CODES

(31) Less than 1st grade	(44) Bachelors degree
(32) 1st,2nd,3rd or 4th grade	(For example: BA, AB, BS)
(33) 5th or 6th grade	(45) Master's degree (For example:
(34) 7th or 8th grade	MA, MS, MEng, MEd, MSW, MBA)
(35) 9th grade	(46) Professional School Degree (For
(36) 10th grade	example: MD,DDS,DVM,LLB,JD)
(37) 11th grade	(47) Doctorate degree
(38) 12th grade, no diploma	(For example: PhD, EdD)

(39) HIGH SCHOOL GRADUATE - high school DIPLOMA
   or equivalent (For example: GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational, technical,
   trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program

PRESS "SHIFT-F6" TO EXIT HELP

EMPLOYMENT AND EARNINGS

9A

START SECTION: EMPLOYMENT & EARNINGS

The next few questions are about (your/name's) work-related activities LAST YEAR, that is, from January to December 2001.

Did (you/name) work at a job or business AT ANY TIME during 2001?

> (1) Yes
> (2) No
> ((3) Retired)
>
> (H) Help

____

10

Did (you/name) do any temporary, part-time, or seasonal work, even for a few days, in 2001?

> (1) Yes
> (2) No
> (3) Retired

____

11

Did (you/name) spend any time on layoff from a job in 2001?

> (1) Yes
> (2) No

____

12

When (you/name) were laid off, did (your/his/her) employer give (you/him/her) a date to return to work?

> (1) Yes
> (2) No

____

13

(Were you/Was name) given any indication that (he/she/you) would be recalled to work within 6 months of being laid off?

     (1) Yes
     (2) No

    ___

14

In which month and year (were you/was name) laid off?

   _ _ Month   _ _ _ _ Year

14_VER

Year of layoff reported was (YEAR), is that correct?

     (1) Yes
     (2) No, return to previous question to correct

---

15   **FLASHCARD 2001 CALENDAR**

Which weeks (were you/was name) on layoff in 2001?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

---

16   Did (you/name) spend any time looking for work in 2001?

       (1) Yes
       (2) No

       (H) Help

       __

---

17   **FLASHCARD 2001 CALENDAR**

Which weeks (were you/was name) looking for work in 2001?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM
(WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE,
"N" for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

18   **FLASHCARD G**

What was the MAIN reason (you/name) did not work in 2001?

(1) Retired
(2) Taking care of home or family
(3) Going to school
(4) Could not find adequate child care (or child care problems)
(5) Pregnant/Just had a baby
(6) Ill or disabled
(7) Could not find work/No work available
(8) On layoff
(9) Transportation problems
(10) Did not want to work
(11) Never worked
(12) Other (specify)

____

specify:_____

19a

Including paid vacations and paid sick leave, did (you/name) work during all 52
weeks in 2001?

(1) Yes
(2) No

____

19   **FLASHCARD 2001 CALENDAR**   (H) Help

During 2001, which weeks did (you/name) do any work at all, even for only a few hours?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__ 8	__15	__22	__29	__36	__43	__50
__2	__ 9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

20

Besides the **(number)** weeks during which (you/name) worked, were there any additional weeks during which (you/he/she) took paid vacation or paid sick leave in 2001?

        (1) Yes
        (2) No

        (H) Help

        ____

21   **FLASHCARD 2001 CALENDAR**

Which weeks did (you/name) take paid vacation or paid sick leave.

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__ 8	__15	__22	__29	__36	__43	__50
__2	__ 9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

22

Did (you/he/she) spend any time on layoff from a job in 2001?

> (1) Yes
> (2) No
>
> ___

23

When (you were /name was) laid off, did (your/his/her) employer give (you/him/her) a date to return to work?

> (1) Yes
> (2) No
>
> ____

24

(Were/Was) (you/he/she) given any indication that (you/he/she) would be recalled to work within 6 months of being laid off?

> (1) Yes
> (2) No
>
> ___

25 **FLASHCARD 2001 CALENDAR**

Which weeks (were you/was name) on layoff in 2001?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

26

Did (you/he/she) spend any time looking for work in 2001?

> (1) Yes
> (2) No
>
> ____

---

27   **FLASHCARD 2001 CALENDAR**

Which weeks did (you/name) look for work?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM
(WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE,
"N" for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

28

What was the MAIN reason (you/name) worked fewer than 52 weeks during 2001?

(1) On layoff
(2) Ill or disabled
(3) Taking care of home or family
(4) Going to school
(5) Retired
(6) No work available/Could not find work
(7) Pregnant/Just had a baby
(8) Child care problems (could not find adequate child care)
(9) Transportation problems
(10) Vacation
(11) Did not want to work
(12) Other (specify)

___ Specify: _____

29

How many employers did (you/name) work for in 2001?

____

29A   NO. COMPANY NAME

1_____
2_____
3_____
4_____

What is the name of the employer or company for which (you/name) worked (/the most weeks/the second most weeks/the third most weeks/the fourth most weeks) in 2001?

IF SELF EMPLOYED WITH NO COMPANY NAME, ENTER **"S"**

_____

E_REVIEW	LN EMPLOYERS
USE THIS SCREEN TO DELETE EMPLOYERS AS NECESSARY.	---
	LIST EMPLOYERS
SHOULD ANY EMPLOYERS BE DELETED?	
(1) Yes	
(2) No	
___	

E_REVIEW2	LN EMPLOYERS
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE.	---
	LIST EMPLOYERS
RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.	
LINE NUMBER: ____	

30

(Think about the weeks that you worked last year.) (Counting all jobs,) How many hours did (you/name) USUALLY work per week in 2001?

ENTER NUMBER OF USUAL HOURS WORKED OR **"V"** IF HOURS VARY.

(H) Help

(V) Hours vary

___ hours

31

Did (you/he/she) usually work 35 hours or more per week?

(1) Yes
(2) No

___

---

32 **FLASHCARD 2001 CALENDAR**

Which weeks did (you/name) work (for employer's name/for (yourself/himself/herself)/at this job) in 2001?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

33

(Think about the weeks that (you/name) worked (for (employer's name)/for (yourself/himself/herself)/at this job) in 2001.) How many hours a week did (you/name) USUALLY work (for (employer's name)/for (yourself/himself/herself)/at this job)?

ENTER NUMBER OF USUAL HOURS WORKED OR **"V"** IF HOURS VARY

(V) Hours vary

__ hours

34

Did (you/he/she) usually work 35 hours or more per week at this job?

(1) Yes
(2) No

____

35

(At this job,) (Were you/Was name) (employed by government, by a private company, a non-profit organization, or (were you/was name) self employed, or working in a family business or farm?

(1) Government
(2) Private for profit company
(3) Non-profit organization (inc. tax exempt and charitable)
(4) Self employed
(5) Working in family business or farm

___

36

Was that federal, state, or local government?

(1) Federal
(2) State
(3) Local (county, city, township)

___

37A

(Were you/Was name) paid for (your/his/her) work in the family business or farm?

(1) Yes
(2) No

____

37B

Was this business incorporated?

(1) Yes
(2) No

_____

38

In what month and year did (you/name) start working (for (employer's name)/ for (yourself/himself/herself)/in the family business or farm/at this job)?

Month _ _   Year _ _ _ _

38a

(Were you/Was name) still employed at this job or business on January 1, 2002?

(1) Yes
(2) No

__

39

What is the MAIN reason (you/name) left this job?

(1) Personal, family (including pregnancy)
(2) Return to school
(3) Health, disability
(4) Retirement
(5) Temporary, seasonal, or intermittent job completed
(6) Slack work, business conditions, or laid off
(7) Unsatisfactory work arrangements (hours, pay, location, etc.)
(8) Fired from job
(9) Left this job for another job
(10) Other (specify)

_____

specify: _____

40

After leaving this job, did (you/name) apply for unemployment benefits?

(1) Yes
(2) No

_____

44

What kind of business or industry was this?

READ IF NECESSARY: What did they make or do where (you/name) worked?

(H) Help

_____

43A

What was the address?

Street Address: _____

City: _____

State: ____   **(H)** Help

Zip: _____ - ____

---

45   What kind of work (were you/was name) doing, that is, what was (your/his/her) occupation, as of (last month worked at this job in 32) 2001?

(H) Help

_____

_____

---

46   What (was your) (were name's) most important activities or duties on this job?

(H) Help

_____

_____

---

47   **FLASHCARD H.**

(At this job/ Counting all locations where (this employer) operates,) what is the total number of persons who work (for (employer's name) / with (you/name))?

IF NECESSARY: READ RESPONSE CATEGORIES

(1) Under 10
(2) 10-24
(3) 25-49
(4) 50-99
(5) 100-499
(6) 500-999
(7) 1000 or more

___

---

49   The next few questions are about (your/name's) earnings last year.

Since accuracy is important to this survey, it would be very helpful if you could refer to any income records you might have for the next series of questions. I would be happy to wait while you get them. Do you need a moment?

(1) Records used
(2) Records not used

____

50   (The next few questions are about (your/name's) earnings last year.)

During 2001, how much did (you/name) earn from (employer's name/ this job) BEFORE taxes and other deductions?

ENTER DOLLAR AMOUNT $ _____.00   (H) Help

READ IF NECESSARY: Is that weekly, every two weeks, twice monthly, monthly, quarterly, or annually?

(1) Weekly   (4) Monthly
(2) Every two weeks   (5) Quarterly
(3) Twice monthly   (6) Annually

____

(IF 50B EQ	(1), VERIFY IF DOLLAR AMOUNT IS OVER	$2,500
	(2 or 3)	$5,000
	(4)	$10,000
	(5)	$25,000
	(6)	$100,000)

50_VERIFY
      Amount entered was (amount). Is this correct?

      (1) Yes
      (2) No

      ___

51   The next few questions are about (your/name's) earnings last year.

During 2001, what (were/was) (your/name's) total earnings from this business/farm AFTER expenses?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)
        (H) Help

_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS $0.)
(VERIFY IF DOLLAR AMOUNT IS OVER $100,000)

> 51_VERIFY
>   Amount entered was (amount). Is this correct?
>
>   (1) Yes
>   (2) No
>
>   ___

52   Is that before or after taxes?

        (1) Before
        (2) After

        _____

53   How much (was your/were name's) total earnings from this business/farm BEFORE taxes?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS $0.)
(VERIFY IF DOLLAR AMOUNT IS OVER $100,000.)

> 53_VERIFY
>   Amount entered was (amount). Is this correct?
>
>   (1) Yes
>   (2) No
>
>   ___

---

54   During 2001, how many (periodicity in 50B) pay periods did (you/name) earn (amount in 50A) from (employer's name)?

         NUMBER OF PAY PERIODS: ____

---

55   According to my calculations, (you/name) earned (total) dollars altogether BEFORE taxes from (employer's name/(your/his/her) business/working in the family business or farm) in 2001. Does that sound right?

         (1) Yes
         (2) No

         ____

---

56   What is your best estimate of (your/name's) total earnings BEFORE taxes from (employer's name/(your/his/her business/working in the family business or farm) during 2001?

         ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

         _____.00

         (VERIFY IF DOLLAR AMOUNT EQUALS $0.)
         (VERIFY IF DOLLAR AMOUNT IS OVER $100,000)

> 56_VERIFY
>
>   Amount entered was (amount). Is this correct?
>
>   (1) Yes
>   (2) No
>
>   ___

---

57   Does this amount include all tips, bonuses, overtime pay, or commissions (you/name) received from (employer's name/(your/his/her business/working in the family business or farm) in 2001?

         (1) Yes
         (2) No

         ____

---

58.   How much extra did (you/name) earn from tips, bonuses, overtime pay or commissions from (employer's name/(your/his/her business/working in the family business or farm) in 2001?

$ _____.00
(VERIFY IF OVER $50,000)

> 58_VERIFY
>   Amount entered was (amount). Is this correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

59   The next few questions are about fringe benefits.

During 2001, did this employer offer a pension or other type of retirement plan to ANY of its employees?

        (1) Yes
        (2) No

        ____

---

60   During 2001, did (you/name) participate in that plan?

        (1) Yes
        (2) No

        ____

---

61   During 2001, (were you/was name) eligible for health insurance coverage through this employer?

        (1) Yes
        (2) No

        ____

---

62   During 2001, did (you/name) participate in that plan?

        (1) Yes
        (2) No

        ____

63a   During 2001, did (employer name) provide paid vacation days?

       (1) Yes
       (2) No

       _____

63b

During 2001, how many paid vacation days (were you/was name) eligible to take?

       _____ days

63c   During 2001, did (employer name) provide paid sick leave?

       (1) Yes
       (2) No

       _____

63d   During 2001, how many paid sick leave days (were you/was name) eligible to take?

       _____ days

63e   During 2001, did (employer name) provide tuition assistance if (you/name) wanted it?

       (1) Yes
       (2) No

       _____

E63   (Next, I need to know about (your/name's) CURRENT (employment status/work-related activities/The next questions are about (your/name's) CURRENT work-related activities).
Did (you/name) do any work at all LAST WEEK, including work for pay or another type of compensation?

       (1) Yes
       (2) No

       (H) Help

       _____

E64   LAST WEEK, did (you/name) have a job either full or part-time? Include any job from which (you were/name was) temporarily absent.

(1) Yes
(2) No
((3) Retired)

(H) Help

_____

E65   LAST WEEK, (were you/was name) on layoff from a job?

(1) Yes
(2) No
((3) Retired)

_____

E66   Has (your/name's) employer given (you/him/her) a date to return to work?

(1) Yes
(2) No

_____

E67   (Have you/Has name) been told that (you/he/she) will be recalled to work within the next 6 months?

(1) Yes
(2) No

_____

SKIP_EE

Do you want to skip (name) at this time?

(1) Yes, continue
(2) No, back to previous item

_____

INCOME SOURCES

INC_SCR   FLASHCARD I

Which category represents the total combined income of all members of the household during 2001? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money received by members of this household who are 15 years of age or older.

IF NECESSARY: READ RESPONSE CATEGORIES

(1) Less than $10,000
(2) $10,000 to 14,999
(3) $15,000 to 19,999
(4) $20,000 to $29,999
(5) $30,000 to $39,999
(6) $40,000 to $49,999
(7) $50,000 or more

___

START SECTION: TYPES OF INCOME

200   The next few questions are about income other than earnings that (you/your household) may have received.

Did (you/anyone in this household) receive any unemployment compensation payments at any time during 2001?

(1) Yes
(2) No

___

| 201   Who received these payments?

(INCOME TYPE: Unemployment compensation)

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE.
RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

     LINE NUMBER: ___ | LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER |

(Ask 202 for each person listed in 201.)

202   What type of unemployment compensation payments did (you/name) receive?

Was it State unemployment compensation, supplemental unemployment benefits, or something else such as strike pay or union benefits?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY

___(1) State unemployment compensation
___(2) Supplemental unemployment benefits
___(3) Other (such as strike pay, union benefits, Trade Adjustment Act benefits)

---

203   During 2001 did (you/anyone in this household) receive any Workers' Compensation payments or other payments as a result of a job-related injury or illness?

(1) Yes
(2) No

_____

---

204 Who received these payments?	LN NAME AGE
(INCOME TYPE: Worker's compensation payments)	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	
LINE NUMBER: ___	

(Ask 205 for each person listed in 204.)

205   What was the source of (your/name's) payments? Was it State Worker's Compensation, (your/name's) employer or (your/his/her) employer's insurance, (your/name's) own insurance, or some other source?

(1) State Worker's Compensation
(2) Employer or employer's insurance
(3) Own insurance
(4) Other
(H) Help

____

---

206   During 2001 did (you/anyone in this household) receive any Social Security payments?

       (1) Yes
       (2) No

       _____

| 207   Who received these payments?

(INCOME TYPE: Social Security)

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE.
RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ___ | LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF ALL PERSONS |

---

208   During 2001, did (you/anyone in this household) receive any separate Social Security payments on behalf of (child's name/the children)?

       (1) Yes
       (2) No

       _____

| 209   Who received these payments on behalf of (child's name/the children)?

(INCOME TYPE: Social Security payments for children)

LINE NUMBER OF PERSON WHO RECEIVES PAYMENT:___ | LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER |
| 210   Which children were covered by these payments?

(INCOME TYPE: Social Security payments for children)

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE.
RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ___ | LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF CHILDREN UNDER AGE 23 |

---

211   In addition to the payments received on behalf of (child's name/the children), did (you/name) also receive separate Social Security payments for (yourself/himself/herself)?

        (1) Yes
        (2) No

        ___

CK212   **FLASHCARD J**

        This is a list of benefits or income sources people sometimes receive. Please tell me if anyone in this household received benefits during 2001 from any of these sources.

        (1) Yes
        (2) No

        ___

---

212   Supplemental Security Income, also called SSI, is a federal program to provide money to low-income elderly and low-income disabled persons. During 2001, did (anyone in this household/you) receive SSI?

        (1) Yes
        (2) No

        ____

| 213   Who received these payments?

    (INCOME TYPE: Supplemental Security Income)

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE.
RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

    LINE NUMBER: ___ | LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF ALL PERSONS |

---

214   During 2001, did (you/anyone in this household) receive any (separate/) SSI payments on behalf of (child's name/the children)?

        (1) Yes
        (2) No

        ____

215	Who received SSI payments on behalf of (child's name/the children)? LINE NUMBER OF PERSON WHO RECEIVES PAYMENT: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
216	Which children were covered by these payments? (INCOME TYPE: Supplemental Security Income for children) ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF CHILDREN UNDER AGE 23**

217   In addition to the payments received on behalf of (child's name/the children), did (you/name) also receive separate Supplemental Security Income payments for (yourself/himself/herself)?

(1) Yes
(2) No

___

218   Did (you/anyone in this household) get food stamps at any time during 2001?

(1) Yes
(2) No

__

219 Who received food stamps during 2001? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -------------------------------------- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
219A Which people now living here were covered by food stamps during 2001? (PROBE: Anyone else?) ENTER AS MANY LINE NUMBERS AS NEEDED OR **"A"** FOR ALL HH MEMBERS OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -------------------------------------- **SHOW HOUSEHOLD ROSTER OF ALL PERSONS**

z220 At any time during 2001, even for only one month, did (you/anyone in this household) receive any CASH assistance from a state or county welfare program, such as (STATE PROGRAM NAME)?

INCLUDE ALL CASH ASSISTANCE FROM ANY STATE OR LOCAL PUBLIC ASSISTANCE OR WELFARE OFFICE.

DO NOT INCLUDE FOOD STAMPS, SSI, OR ENERGY ASSISTANCE PAYMENTS.

(1) Yes
(2) No

(H) Help

___

z220A Just to be sure, in 2001, did (you/anyone) receive CASH assistance from a state or county welfare program on behalf of (child's name/CHILDREN in the household)?

(1) Yes
(2) No

___

z221A Who received this cash assistance?	LN NAME AGE
(PROBE: Anyone else?)	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	
LINE NUMBER: ___	

z221A_ADD From what type of program did (you/name) receive the CASH assistance?

READ RESPONSE CATEGORIES

ENTER EACH TYPE MENTIONED: __   (H) Help
USE **"N"** for NO MORE; RE-ENTER NUMBER to UNMARK AN ENTRY

(1) Welfare or (STATE PROGRAM NAME,)
(2) General Assistance
(3) Emergency Assistance, such as one-time cash assistance to prevent you from going on welfare
(4) Some other program (specify)

What was the program?

_____

z221A0   Was the cash assistance for adults AND children in the household or JUST children?

(1) Both adults and children
(2) Children only
(3) Adults only

___

z221A1 (Who in your household/Which children in the household) was the cash assistance for?	LN NAME AGE
(PROBE: Anyone else?)	--
	SHOW HOUSEHOLD ROSTER
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"A"** FOR ALL HH MEMBERS OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	BASED ON ENTRY TO 221A1
LINE NUMBER: ___	

z222　At any time during 2001, did (you/anyone in this household) receive any of the following types of assistance from a state or county welfare agency or a case manager:

(1) Yes
(2) No

Transportation assistance such as gas vouchers,
bus passes, or help registering, repairing or insuring a car?　　　____

Any child care services or assistance in 2001 so (you/they)
could go to work or school or training?　　　____

(Ask if women age 15 to 45 or children under age 6 in household)
Did (you/anyone in the household) receive WIC in 2001?　　　____

z222D Who received transportation assistance to help them get to work, school or training, such as gas vouchers, bus passes, or help registering, repairing or insuring a car? (PROBE: Anyone else?) ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. 　LINE NUMBER: ___	LN NAME AGE --- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
z222E Who received child care services or assistance in 2001 so they could go to work or school or training? (PROBE: Anyone else?) ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. 　LINE NUMBER: ___	LN NAME AGE --- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

z222F Which adults received WIC (either for themselves or on behalf of the children)?	LN NAME AGE
(PROBE: Anyone else?)	--- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	
LINE NUMBER: ___	

z222F2 Which children, if any, were covered by WIC?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	--- **LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE**
ENTER **"N"** IF NO CHILDREN COVERED OR NO MORE CHILDREN COVERED	
LINE NUMBER: ___	

z224

    During 2001, did (name) usually eat lunch at school?

        (1) Yes
        (2) No

      ____

z225A During 2001, which children usually ate lunch offered at school?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	--- **SHOW HOUSEHOLD ROSTER OF CHILDREN AGES 5 TO 18**
LINE NUMBER: ___	

z225B During 2001 did (child name/any of the children in this household) receive free or reduced price lunches or breakfasts because they qualified for the Federal School Lunch Program?

        (1) Yes
        (2) No

      ___

---

228   The government has an energy assistance program that helps pay heating costs. During the past 12 months, has this household received any energy assistance of this type?

FR NOTE: This assistance can be received directly by the household or paid directly to the electric company, gas company or fuel dealer.

(1) Yes
(2) No
(H) Help

___

228A   At any time during 2001 did (you/anyone in this household) receive Foster Child Care payments?

(1) Yes
(2) No

__

228B Who received Foster Child Care payments? (PROBE: Anyone else?) ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

---

229   At any time during 2001 did (you/anyone in this household) receive any Veteran's (VA) payments?

(1) Yes
(2) No
(H) Help

___

---

230 Who received these payments? (INCOME TYPE: Veterans' Payments) ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

(Ask 231 and 232 for each person listed in 230.)

231 What type of Veterans' payments did (you/name) receive?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___(1) Service-connected disability
___(2) Survivor benefits
___(3) Veterans' pension
___(4) Educational assistance
___(5) Other Veterans' payments

232 (Are you/Is name) required to fill out an annual income questionnaire for the Department of Veterans' Affairs?

(1) Yes
(2) No
(H) Help

___

233 **FLASHCARD K**

This is a list of survivor's benefits. (Other than Social Security/Other than VA benefits/Other than Social Security and VA benefits), did (you/anyone in this household) receive any income in 2001 as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

(1) Yes
(2) No

___

234 Who received this income?	LN NAME AGE
(INCOME TYPE: Survivor's Benefits)	--
	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER	
LINE NUMBER: ___	

(Ask 235 for each person listed in 234.)

235 What was the source of this income for (name)?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___(1) Company or union survivor pension
___(2) Federal Government pension
___(3) U.S. Military retirement survivor pension
___(4) State or Local government survivor pension
___(5) U.S. railroad retirement survivor pension
___(6) Worker's compensation survivor pension
___(7) Black Lung survivor pension
___(8) Regular payments from estates or trusts
___(9) Regular payments from annuities or paid-up insurance policies
___(10) Other

236A (Do you/Does anyone in this household) have a physical, mental, or other health condition that prevents (you/him or her) from working?

> (1) Yes
> (2) No
> (H) Help

___

236B Who is that?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

(Ask 236B2 for each person listed in 236B.)

236B2 Is it likely that (you/name) will be able to work at some time in the next 12 months?

> (1) Yes
> (2) No

____

236C (Do you/Does anyone in this household) have a physical, mental or other health condition that limits the kind or amount of work (you/he or she) can do?

> (1) Yes
> (2) No

____

237 Who is that?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

Ask 237B for each person listed in 237 who is currently not working.

237B   Is it likely that (you/name) will be able to work at some time in the next 12 months?

       (1) Yes
       (2) No

       ___

---

238   Did (you/anyone in this household) ever retire for health reasons OR permanently leave a job for health reasons?

       (1) Yes
       (2) No

       ___

| 239   Who is that?

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

    LINE NUMBER: ___ | LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER |

---

240 **FLASHCARD   L**

This is a list of disability income. (Other than the sources of income you have already reported,) Did (you/name) receive any (other) income in 2001 as a result of (your/his/her) health condition?

       (1) Yes
       (2) No

       ____

---

241   What was the source of this income for (you/name)?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___   (1) Company or union disability
___   (2) Federal Government (Civil Service) disability
___   (3) U.S. Military retirement disability
___   (4) State or Local government employee disability
___   (5) U.S. Railroad retirement disability
___   (6) Accident or disability insurance
___   (7) Black Lung miner's disability
___   (8) State temporary sickness
___   (9) Other specify:

_____

242 **FLASHCARD   M**

This is a list of retirement income. (Other than Social Security/Other than VA benefits/Other than Social Security or VA benefits) did (you/anyone in this household) receive any pension or retirement income from a previous employer or union, or any other type of retirement income during 2001?

(1) Yes
(2) No

_____

243	Who received this income?	LN NAME AGE
	(INCOME TYPE: Pension or retirement)	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 35 AND OVER**
	ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	
	LINE NUMBER: ___	

(Ask 244 for each person listed in 243.)

244 What was the source of this income for (you/name)?

(H) Help

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___(1) Company or union pension (inc profit sharing)
___(2) Federal Government (Civil Service) retirement
___(3) U.S. Military retirement
___(4) State or Local government pension
___(5) U.S. Railroad Retirement
___(6) Regular income from annuities or paid up insurance policies
___(7) Regular income from IRA, KEOGH, or 401(k)
___(8) Other sources specify:

_____

---

246   At any time during 2001, did (you/anyone in this household) have:

Money in any kind of savings account, interest-earning checking account or money market fund?

> (1) Yes
> (2) No

> ___

---

247   Any other investment that pays interest such as bonds, treasury notes, or certificates of deposit?

> (1) Yes
> (2) No

> ___

---

248 Which members of this household had interest-earning accounts?	LN NAME AGE

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	**SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
LINE NUMBER: ___	

CK249   **FLASHCARD N**

This is a list of income sources persons sometimes have. Please tell me if anyone in this household received income from any of these sources during 2001.

READ IF NECESSARY: Did anyone own mutual funds or shares of stock, own property that was rented to others, receive rental income from boarders, receive income from estates or trusts, or from royalties?

> (1) Yes
> (2) No

> ___

---

249   At any time during 2001, did (you/anyone in this household) own:

Any mutual fund shares? Include any 401k, or IRA mutual funds.

(1) Yes
(2) No

___

Any shares of stock in corporations?

(1) Yes
(2) No

___

250	Which members of this household owned mutual funds or shares of stock? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE --- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

251   During 2001 did (you/anyone in this household):

Own any properties that were rented to others such as houses, apartments, business properties, or land?

(1) Yes
(2) No

__

Receive rental income from roomers or boarders?

(1) Yes
(2) No
(H) Help

__

253	Who received rental income?	LN NAME AGE
	ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	--- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
	LINE NUMBER: ___	

254   During 2001, did (you/anyone in this household) receive any income from royalties?

> (1) Yes
> (2) No
> (H) Help

> __

255	Who received this income?	LN NAME AGE
	ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	--- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
	LINE NUMBER: ___	

256   (Besides income received as a survivor,) did (you/anyone in this household) receive (any other) income from estates or trusts in 2001?

> (1) Yes
> (2) No

> ___

257	Who received this income?	LN NAME AGE
	ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	--- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
	LINE NUMBER: ___	

258   During 2001 did (you/anyone in this household) receive any alimony or maintenance payments?

> (1) Yes
> (2) No

> __

259 Who received these payments during 2001? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

260   Did (you/anyone in this household) receive any child support payments in 2001, including any money received directly from the other parent or through the welfare or child support agency?

        (1) Yes
        (2) No
        (H) Help

        ___

261 Who received child support payments? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER OF PARENT OR GUARDIAN WHO RECEIVES PAYMENT: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

262   During 2001, did (you/anyone in this household) receive any financial assistance on a regular basis from friends or relatives not living in this household? Do not include loans.

        (1) Yes
        (2) No
        (H) Help

        ___

263 Who received this income? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE -- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

264   **FLASHCARD O**

This is a list of other sources of income (you/your household) may have received. During 2001, did (you/anyone in this household) receive any of the following types of income:

READ LIST   (H) Help

National Guard or Reserve pay	(1) Yes (2) No ___
Casual earnings from a side business or hobby	(1) Yes (2) No ___
Income from a farm	(1) Yes (2) No ___
Lump sum payment (for example, inheritance, insurance settlement, capital gains)	(1) Yes (2) No ___
Income assistance from a charitable group	(1) Yes (2) No ___
Any other sources of income	(1) Yes (2) No ___

266A   Who received National Guard or Reserve pay?

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

        LINE NUMBER: ___

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

266B   Who received casual earnings from a side business or hobby?

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

        LINE NUMBER: ___

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

266C   Who received income from a farm?

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

        LINE NUMBER: ___

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

266D	Who received income from a lump sum payment? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE --- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
266E	Who received income assistance from a charitable group? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE --- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**
266F	Who received other income that has not already been reported? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	LN NAME AGE --- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

Ask 266G for each person listed in 266F.

266G What was the source of (your/name's) other income?

      _____

INDEPENDENT/DEPENDENT COMPARISON

DEP_UNEMP

Last time we recorded that (you/name) received unemployment compensation in 2000. Did (you/he/she) receive unemployment compensation at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive
     unemployment compensation in 2000

____

DEP_202

What type of unemployment compensation payments did (you/name) receive? Was it State unemployment compensation, supplemental unemployment benefits, or something else such as strike pay or union benefits?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE":_____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___   (1) State unemployment compensation
___   (2) Supplemental unemployment benefits
___   (3) Other (such as strike pay, union benefits,
             Trade Adjustment Act benefits)

DEP_WC

Last time we recorded that (you/name) received workers' compensation in 2000. Did (you/he/she) receive workers' compensation at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive
         workers' compensation in 2000

____

DEP_205

What was the source of (your/name's) payments? Was it State Worker's Compensation, (your/name's) employer or (your/his/her) employer's insurance, (your/name's) own insurance, or some other source?

(1) State Worker's Compensation
(2) Employer or employer's insurance
(3) Own insurance
(4) Other

___

DEP_SS

Last time we recorded that (you/name) received social security payments in 2000. Did (you/he/she) receive social security at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive social security payments in 2000

___

DEP_SSI

Last time we recorded that (you/name) received Supplemental Security Income, also called SSI, payments in 2000. Did (you/he/she) receive Supplemental Security Income, or SSI, at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive SSI in 2000

____

zDEP_PAW

Last time we recorded that (you/name) received cash assistance from a state or county welfare program in 2000. Did (you/he/she) receive cash assistance at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive cash assistance in 2000

___

DEP_VET
> Last time we recorded that (you/name) received veteran's payments in 2000. Did (you/he/she) receive veteran's payments at any time during 2001?
>
> > (1) Yes
> > (2) No
> > (3) Information in error, did not receive veteran's payments in 2000
>
> > ____

DEP_231
> What type of Veterans' payments did (you/name) receive?
>
> ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ___
> RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.
>
> > ___ (1) Service-connected disability
> > ___ (2) Survivor benefits
> > ___ (3) Veterans' pension
> > ___ (4) Educational assistance
> > ___ (5) Other Veterans' payments

DEP_232
> (Are you/Is name) required to fill out an annual income questionnaire for the Department of Veterans' Affairs?
>
> > (1) Yes
> > (2) No
>
> > ____

DEP_SUR
> Last time we recorded that (you/name) received survivor payments in 2000. Did (you/name) receive income as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits at any time during 2001?
>
> > (1) Yes
> > (2) No
> > (3) Information in error, did not receive survivor payments in 2000
>
> > ____

DEP_235
What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___   (1) Company or union survivor pension
___   (2) Federal Government pension
___   (3) U.S. Military retirement survivor pension
___   (4) State or Local government survivor pension
___   (5) U.S. railroad retirement survivor pension
___   (6) Worker's compensation survivor pension
___   (7) Black Lung survivor pension
___   (8) Regular payments from estates or trusts
___   (9) Regular payments from annuities or paid-up insurance policies
___   (10) Other

DEP_DIS

Last time we recorded that (you/name) received disability benefits in 2000. Did (you/he/she) receive disability benefits at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive disability benefits in 2000

____

DEP_241
What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___   (1) Company or union disability
___   (2) Federal Government (Civil Service) disability
___   (3) U.S. Military retirement disability
___   (4) State or Local government employee disability
___   (5) U.S. Railroad retirement disability
___   (6) Accident or disability insurance
___   (7) Black Lung miner's disability
___   (8) State temporary sickness
___   (9) Other (specify)_____

DEP_RET

Last time we recorded that (you/name) received retirement benefits in 2000. Did (you/name) receive retirement benefits at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive retirement benefits in 2000

____

DEP_244

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ___
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

___ (1) Company or union pension (inc profit sharing)
___ (2) Federal Government (Civil Service) retirement
___ (3) U.S. Military retirement
___ (4) State or Local government pension
___ (5) U.S. Railroad Retirement
___ (6) Regular payments from annuities or paid up insurance policies
___ (7) Regular payments from IRA, KEOGH, or 401(k)
___ (8) Other _____

DEP_ALM

Last time we recorded that (you/name) received alimony in 2000. Did (you/he/she) receive alimony at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive alimony in 2000

____

DEP_CSP

Last time we recorded that (you/name) received child support payments in 2000. Did (you/he/she) receive child support payments at any time during 2001?

(1) Yes
(2) No
(3) Information in error, did not receive child support payments in 2000

____

AMOUNTS

NOTE: Throughout the amounts section the instrument will ask you to identify which weeks or which months the payments were received. How the question is asked will depend on the periodicity the respondent selected as easiest to report. The items booklet shows only one of these options at random.

300   **SECTION START: INCOME SOURCES AMOUNTS**

I have recorded that, in 2001, (you/name) received (READ LIST).

Is that correct?

>   (1) Yes
>   (2) No

>   ____

LN   TYPE   INCOME SOURCE

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

301   READ IF NECESSARY: Which should be deleted?

ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.

LINE NUMBER: ___

LN   TYPE   INCOME SOURCE

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

302   Now I am going to ask you how much (you/name) received from (each of these sources/this source) during 2001.

(PRESS ENTER)

---

303   Which is the easiest way for you to report (your/name's) unemployment
       compensation payments in 2001: weekly, every two weeks, twice monthly, monthly
       or annually?

       (1) Weekly
       (2) Every two weeks
       (3) Twice monthly
       (4) Monthly
       (5) Annually

       ___

---

304   How much did (you/name) receive (weekly/every two weeks/twice
       monthly/monthly/annually/   ) in unemployment compensation payments during
       2001?

       AMOUNT: $_____.00
       (IF 303 EQ   (1), VERIFY DOLLAR AMOUNTS OVER $1,000.
                     (2 OR 3), $2,500.
                     (4) $5,000.
                     (5) $50,000.)

       ┌───┐
       │ 304_VER   │
       │   Unemployment compensation   │
       │   reported as (amount). Is this entry │
       │   correct?   │
       │   │
       │   (1) Yes   │
       │   (2) No   │
       │   │
       │   ___   │
       └───┘

305A   Which weeks did (you/name) receive unemployment compensation payments?

           ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
           USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

       FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

       FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

           ___1   ___8   ___15   ___22   ___29   ___36   ___43   ___50
           ___2   ___9   ___16   ___23   ___30   ___37   ___44   ___51
           ___3   ___10   ___17   ___24   ___31   ___38   ___45   ___52
           ___4   ___11   ___18   ___25   ___32   ___39   ___46
           ___5   ___12   ___19   ___26   ___33   ___40   ___47
           ___6   ___13   ___20   ___27   ___34   ___41   ___48
           ___7   ___14   ___21   ___28   ___35   ___42   ___49

305B Which months did (you/name) receive unemployment compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7   JUL
___2 FEB   ___8   AUG
___3 MAR   ___9   SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

306 According to my calculations (you/name) received (total) dollars in unemployment
compensation payments in 2001. Does that sound right?

(1) Yes
(2) No

___

307 What is your best estimate of the total amount (you/name) received in
unemployment compensation payments in 2001?

AMOUNT: _____.00
(VERIFY AMOUNT IF OVER $50,000)

307_VER
Estimated unemployment
compensation reported as (amount).
Is this entry correct?

(1) Yes
(2) No

___

308   Which is the easiest way for you to report (your/name's) Worker's Compensation payments in 2001: weekly, every two weeks, twice monthly, monthly, or annually?

(1) Weekly
(2) Every two weeks
(3) Twice monthly
(4) Monthly
(5) Annually

___

309   How much did (you/name) receive (weekly/every two weeks/twice monthly/monthly/annually) in Worker's Compensation during 2001?

AMOUNT: $_____.00
(IF 308 EQ   (1), VERIFY IF DOLLAR AMOUNT IS OVER $1,000
              (2 or 3) $2,500
              (4) $5,000
              (5) $50,000

309_VER
        Worker's Compensation reported as (amount). Is this entry correct?

        (1) Yes
        (2) No

        ___

310A   **FLASHCARD 2001 CALENDAR**

Which weeks did (you/name) receive Worker's Compensation payments?

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1   ___8   ___15   ___22   ___29   ___36   ___43   ___50
___2   ___9   ___16   ___23   ___30   ___37   ___44   ___51
___3   ___10   ___17   ___24   ___31   ___38   ___45   ___52
___4   ___11   ___18   ___25   ___32   ___39   ___46
___5   ___12   ___19   ___26   ___33   ___40   ___47
___6   ___13   ___20   ___27   ___34   ___41   ___48
___7   ___14   ___21   ___28   ___35   ___42   ___49

310B   Which months did (you/name) receive Worker's Compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN	___7 JUL
___2 FEB	___8 AUG
___3 MAR	___9 SEP
___4 APR	___10 OCT
___5 MAY	___11 NOV
___6 JUN	___12 DEC

311   According to my calculations (you/name) received (total) dollars in Worker's
Compensation payments in 2001. Does that sound right?

(1) Yes
(2) No

___

312   What is your best estimate of the total amount (you/name) received in Worker's
Compensation payments in 2001?

AMOUNT: $_____.00
(VERIFY DOLLAR AMOUNT IF OVER $50,000.

312_VER
Estimate workers compensation reported as
(amount). Is this entry correct?

(1) Yes
(2) No

___

---

314   (Earlier you told me that (you/name) received Social Security payments for
(yourself/himself/herself) and that (you/he/she) also received payments on behalf of
(his/her) (child/children). First, I'd like to know about the Social Security payments
(you/name) received for (yourself/himself/herself).) Did (you/name) receive Social
Security benefits jointly with (your/his/her) (wife/husband)?

(1) Yes
(2) No

____

315   (Earlier you told me that (you/name) received Social Security payments for (yourself/himself/herself) and that (he/she/you) also received payments on behalf of (your/his/her)(child's name/children's names). First, I'd like to know about the Social Security payments (you/name) received for (yourself/himself/herself).) Is it easier for you to report (your/name's) (joint) Social Security payments received during 2001, monthly or annually?

          (1) Monthly
          (2) Annually

          ____

316   How much did (you/name) receive (in joint payments) (each month/   ) in 2001?

      AMOUNT: $_____.00
      (IF 315 EQ   (1), VERIFY DOLLAR AMOUNT IF OVER $5,000.
                    (2), $50,000.)

          ┌───┐
          │ 316_VER   │
          │   Social Security payments reported as   │
          │   (amount). Is this entry correct?   │
          │   │
          │ (1) Yes   │
          │ (2) No   │
          │   │
          │   ___   │
          └───┘

317 Is this amount before or after the Medicare deduction?

          (1) Before
          (2) After

          ___

318   During which months in 2001 did (you/name) receive Social Security payments?

      ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
      USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE, (H) Help

      FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

      FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

          ___1 JAN   ___7 JUL
          ___2 FEB   ___8 AUG
          ___3 MAR   ___9 SEP
          ___4 APR   ___10 OCT
          ___5 MAY   ___11 NOV
          ___6 JUN   ___12 DEC

319   According to my calculations (you/name) received (total) dollars in (joint) Social
        Security payments in 2001. Does that sound right?

                (1) Yes
                (2) No

                ___

320   What is your best estimate of the total amount
        (you/name) received in (joint) Social Security payments in 2001?

                AMOUNT: $_____.00
                (VERIFY DOLLAR AMOUNT IF OVER $50,000)

        ┌───┐
        │ 320_VER   │
        │   Estimated Social Security reported as │
        │   (amount). Is this entry correct?   │
        │   │
        │   (1) Yes   │
        │   (2) No   │
        │   │
        │   ____   │
        └───┘

322   (Now I'd like to know about the separate Social Security payments (you/name)
        received on behalf of (your/his/her)(child/children).) Is it easier for you to report
        (these payments/the separate Social Security payments (you/name) received for
        (your/his/her) (child/children) during 2001 monthly or annually?

                (1) Monthly
                (2) Annually

                ___

---

323   During 2001, how much did (you/name) receive (each month/in total) for
(your/his/her) (child/children)?

         AMOUNT: $_____.00

(IF 322 EQ   (1), VERIFY DOLLAR AMOUNT OVER $5,000.
              (2), $50,000.)

> 323_VER
>
>   Social Security payments for children
> reported as (amount). Is this entry
> correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

324   During which months in 2001 did (you/name) receive separate Social Security
payments for (your/his/her) (child/children)?

        ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

        FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

        FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN		___7 JUL	
___2 FEB		___8 AUG	
___3 MAR		___9 SEP	
___4 APR		___10 OCT	
___5 MAY		___11 NOV	
___6 JUN		___12 DEC	

---

325   According to my calculations (you/name) received (total) dollars for (your/his/her)
(child/children) in this household in 2001. Does that sound right?

        (1) Yes
        (2) No

        ___

---

326   What is your best estimate of the total amount (you/name) received in 2001?

         AMOUNT: $_____.00
         (VERIFY IF OVER $50,000)

326_VER

     Estimated Social Security reported as (amount). Is this entry correct?

     (1) Yes
     (2) No

     ____

---

327   (Earlier you told me that (you/name) received Supplemental Security Income for (yourself/himself/herself) and that (he/she/you) also received payments on behalf of (your/his/her) (child/children). First, I'd like to know about the SSI payment (you/name) received for (yourself/himself/herself)).

Is it easier for you to report (your/name's) SSI payments received during 2001 monthly or annually?

(1) Monthly
(2) Annually

____

---

328   Including both Federal and State SSI, how much did (you/name) receive (each month/in total) in 2001?

         AMOUNT: $_____.00
(IF EQ   (1), VERIFY DOLLAR AMOUNT IF OVER $3,000.
         (2), $30,000.)

328_VER

     Estimated SSI payments reported as (amount). Is this entry correct?

     (1) Yes
     (2) No

     ____

329

During which months in 2001 did (you/name) receive Supplemental Security Income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

329A1-329A6

What set of circumstances led (you/name) to apply for SSI in (month), 2001?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE" __
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

__(1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
__(2) Became disabled/blind
__(3) Over 65
__(4) Needed medical benefit
__(5) Other (Specify) _____

329B1-329B6

Why did (you/name) stop receiving SSI in (month) 2001?

(1)   SSI benefits cut off
(2)   Because of family changes
(3)   Still eligible but chose not to collect
(4)   Other, specify

____

Specify: _____

329C1-329C6
What reasons were given for (your/name's) SSI benefits being cut off?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

___(1) Not eligible -- income or other resources too high to qualify
___(2) Not eligible -- no longer disabled
___(3) Not eligible -- Immigration status
___(4) No longer eligible due to program changes
___(5) Not eligible -- no reason specified or some other reason given
___(6) Did not provide all the information requested
___(7) Failed substance abuse requirements (testing or any other related)
___(8) Other reason (Specify)_____

329D1-329D6
What did (you/name) do to get by when your family lost benefits?

ENTER NUMBER OF RESPONSE; MARK **"N"** WHEN NO MORE
RESPONSES: ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

___(1) Cut back on expenses for necessities (food, doctor's bills, etc.)
___(2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
___(3) Moved to cheaper housing
___(4) Moved in with others /doubled up
___(5) Stopped paying bills/paid bills late
___(6) Got a job
___(7) Did something illegal (sold drugs, shoplifted, prostitution)
___(8) Borrowed money from friends/family
___(9) Got my children's father to give me child support
___(10) Applied for benefits in another program
___(11) Placed my child/children in someone else's care
___(12) Got married
___(13) Other (Specify)_____

---

331 According to my calculations (you/name) received (total) dollars from
Supplemental Security Income in 2001. Does that sound right?

(1) Yes
(2) No

___

332   What is your best estimate of the total amount (you/name) received in 2001?

        AMOUNT: $_____00
        (VERIFY IF DOLLAR OVER $30,000)

> **332_VER**
>
>   Total SSI payments reported as
>   (amount) Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

333.   (Now I'd like to know about the separate Supplement Security Income payments (you/name) received on behalf of (your/his/her)(child/children) Is it easier for you to report (these payments/the Supplemental Security Income payments (you/name) received on behalf of (your/his/her) (child/children) during 2001 monthly or annually?

        (1) Monthly
        (2) Annually

        ___

334   How much did (you/name) receive (monthly/) in Supplemental Security Income for (your/his/her) (child/children) in 2001?

    AMOUNT: $_____.00
    (IF 333 EQ   (1), VERIFY IF DOLLAR AMOUNT OVER $3,000.
                (2), $30,000.)

> **334_VER**
>
>   SSI payments for children reported as
>   (amount). Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

335   During which months of 2001 did (you/name) receive Supplemental Security
       Income payments for (your/his/her) (child/children)?

          ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
          USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

          FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

          FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

             ___1 JAN   ___7   JUL
             ___2 FEB   ___8   AUG
             ___3 MAR   ___9   SEP
             ___4 APR   ___10 OCT
             ___5 MAY   ___11 NOV
             ___6 JUN   ___12 DEC

335A1-335A6
       What set of circumstances led (you/name) to apply for SSI for (your/his/her)
       (child/children) in (month) 2001?

       ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
       TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

       ___(1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
       ___(2) Child became disabled/blind
       ___(3) Needed medical benefit
       ___(4) Separated or divorced from spouse/partner
       ___(5) Loss of other support income
       ___(6) Just learned about the program
       ___(7) Just got around to applying
       ___(8) Other (Specify) _____

335B1-335B6
       Why did (your/name's)(child/children) stop receiving SSI in (month), 2001?

              (1) SSI benefits cut off
              (2) Because of family changes
              (3) Still eligible but chose not to collect
              (4) Other, specify

              ___

              Specify: _____

335C1-335C6

What reasons were given for (your/name's) (child/children)'s SSI benefits being cut off?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

___(1) Not eligible -- income or other resources too high to qualify
___(2) Not eligible -- Didn't meet health or disability requirement
___(3) Not eligible -- Immigration status
___(4) No longer eligible due to program changes
___(5) Not eligible -- no reason specified or some other reason given
___(6) Did not provide all the information requested
___(7) Failed substance abuse requirements (testing or any other related)
___(8) Other reason (Specify) _____

335D1-335D6

What did (you/name) do to get by when your family lost benefits?

MARK ALL THAT APPLY
ENTER NUMBER OF RESPONSE; MARK**"N"** WHEN NO MORE RESPONSES: ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___(1) Cut back on expenses for necessities (food, doctor's bills, etc.)
___(2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
___(3) Moved to cheaper housing
___(4) Moved in with others /doubled up
___(5) Stopped paying bills/paid bills late
___(6) Got a job
___(7) Did something illegal (sold drugs, shoplifted, prostitution)
___(8) Borrowed money from friends/family
___(9) Got my children's father to give me child support
___(10) Applied for benefits in another program
___(11) Placed my child/children in someone else's care
___(12) Got married
___(13) Other (Specify) _____

337   According to my calculations (you/name) received (total) dollars in Supplemental Security Income for (your/his/her)(child/children) in 2001. Does that sound right?

        (1) Yes
        (2) No

        ___

338   What is (your/name's) best estimate of the total amount (you/name) received in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT OVER $30,000)

```
338_VER
        Total SSI payments for children
        reported  as (amount).  Is this entry
        correct?

        (1) Yes
        (2) No


        ____
```

339.   During which months in 2001 did (you/your household) receive food stamps?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

    ___1 JAN   ___7 JUL
    ___2 FEB   ___8 AUG
    ___3 MAR   ___9 SEP
    ___4 APR   ___10 OCT
    ___5 MAY   ___11 NOV
    ___6 JUN   ___12 DEC

339A1-339A6

What set of circumstances led (you/name) to apply for food stamps
in (month) 2001?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

___   (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
___   (2) Pregnancy/birth of child
___   (3) Began receiving for another dependent
___   (4) Separated or divorced from spouse/partner
___   (5) Loss of job/wages/other income
___   (6) Loss of other support income
___   (7) Just learned about the program
___   (8) Just got around to applying
___   (9) Became disabled
___   (10) Other (Specify) _____

339B1-339B6

Why did (you/name) stop receiving food stamps in (month), 2001?

(1) Food stamps benefit cut off
(2) Because of family changes
(3) Still eligible but chose not to collect
(4) Other, specify

___

Specify: _____

339C1-339C6

What reasons were given for (your/name's) food stamps benefits being cut off?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

___(1) Not eligible -- income or other resources too high to qualify
___(2) Not eligible -- not eligible due to penalty from previous program
      participation (sanctioned)
___(3) Not eligible -- Did not meet health or disability requirement
___(4) Not eligible -- Immigration status
___(5) Not eligible -- specified or some other reason given
___(6) Did not provide all the information requested
___(7) Non-cooperation with work requirements
___(8) Non-cooperation with child support requirements
___(9) Not residing in an adult-supervised household
___(10) Failed substance abuse requirements (testing or any other related)
___(11) Had already received maximum assistance (time and $ limit)
___(12) Lack of program funding
___(13) Other reason (Specify)_____

339D1-339D6

What did (you/name) do to get by when your family lost benefits?

(MARK ALL THAT APPLY)

ENTER NUMBER OF RESPONSE; MARK**"N"** WHEN NO MORE
RESPONSES: ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

___(1) Cut back on expenses for necessities (food, doctor's bills, etc.)
___(2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
___(3) Moved to cheaper housing
___(4) Moved in with others /doubled up
___(5) Stopped paying bills/paid bills late
___(6) Got a job
___(7) Did something illegal (sold drugs, shoplifted, prostitution)
___(8) Borrowed money from friends/family
___(9) Got my children's father to give me child support
___(10) Applied for benefits in another program
___(11) Placed my child/children in someone else's care
___(12) Got married
___(13) Other (Specify)

_____

340   Is it easier for you to report the amount of food stamps (you/your household)
      received in 2001 monthly or annually?

      (1) Monthly
      (2) Annually

      ____

341   Were the monthly payments (you/your household) received in 2001 all the same
      amount, or did the amount change?

      (1) Same amount each month
      (2) Amount changed

      ____

342   How much did (you/your household) receive (each month/in total) in 2001?

      AMOUNT: $_____.00
      (IF 340 EQ   (1), VERIFY IF DOLLAR AMOUNT OVER $1,000.
                    (2), $10,000.)

      ```
      342_VER
              Food stamp payments reported as
              (amount).  Is this entry correct?

              (1) Yes
              (2) No

              ____
      ```

343   Now I am going to ask you the different amounts that you received
      and for how many months you received each amount. During 2001,
      what was the first amount you received?

      AMOUNT: $_____.00
      (VERIFY IF OVER $1,000)

      READ IF NECESSARY: How many months did you receive that amount?
                              __

      ```
      343_VER
              Monthly amount reported as
              (amount).  Is this entry correct?

              (1) Yes
              (2) No

              ____
      ```

345 What was the second amount you received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did you receive that amount?

___

> 345_VER
>   Monthly amount reported as
>   (amount). Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

347   What was the third amount you received?

 AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did you receive that amount?

____

> 347_VER
>   Monthly amount reported as
>   (amount). Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

349   According to my calculations (you/your household) received (total) dollars in food stamps in 2001. Does that sound right?

                    (1) Yes
                    (2) No

                    ___

350   What is your best estimate of the total amount (you/your household) received in food stamps in 2001?

AMOUNT: $_____.00
(VERIFY IF OVER $10,000)

350_VER
    Total food stamp amount reported as (amount). Is this entry correct?

    (1) Yes
    (2) No

    ____

---

z352   During which months in 2001 did (you/name) receive CASH assistance payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE, (H) Help

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7   JUL
___2 FEB   ___8   AUG
___3 MAR   ___9   SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

---

z352A1-z352A6

What set of circumstances led (you/name) to apply for CASH assistance from a state or county welfare program in (month) 2001?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

____   (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
____   (2) Pregnancy/birth of child
____   (3) Began receiving for another dependent
____   (4) Separated or divorced from spouse/partner
____   (5) Loss of job/wages/other income
____   (6) Loss of other support income
____   (7) Just learned about the program
____   (8) Just got around to applying
____   (9) Became disabled
____   (10) Other (specify) _____

---

z352B1-z352B6

Why did (you/name) stop receiving cash assistance in (month), 2001?

(1) Cash assistance or welfare cut off
(2) Got a job
(3) Because of family changes
(4) Still eligible but could/chose not to collect
(5) Other, specify

____

Specify: _____

z352C1-z352C6

What reasons were given for (your/name's) cash assistance being cut off?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

(1) Not eligible -- income or other resources too high to qualify
(2) Not eligible -- not eligible due to penalty from previous program participation
        (sanctioned)
(3) Not eligible -- Did not meet health or disability requirement
(4) Not eligible -- Immigration status
(5) Not eligible -- specified or some other reason given
(6) Did not provide all the information requested
(7) Non-cooperation with work requirements
(8) Non-cooperation with child support requirements
(9) Not residing in an adult-supervised household
(10) Failed substance abuse requirements (testing or any other related)
(11) Had already received maximum assistance (time and $ limit)
(12) Lack of program funding
(13) Other reason (Specify)_____

___

---

z352D1-z352D6

What did (you/name) do to get by when (your/his/her) family lost benefits?

MARK ALL THAT APPLY

ENTER NUMBER OF RESPONSE; MARK **"N"** WHEN NO MORE
RESPONSES: ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER .

___(01) Cut back on expenses for necessities (food, doctor's bills, etc.)
___(02) Cut back on discretionary expenses (e.g., toys, movies, etc.)
___(03) Moved to cheaper housing
___(04) Moved in with others /doubled up
___(05) Stopped paying bills/paid bills late
___(06) Got a job
___(07) Did something illegal (sold drugs, shoplifted, prostitution)
___(08) Borrowed money from friends/family
___(09) Got my children's father to give me child support
___(10) Applied for benefits in another program
___(11) Placed my child/children in someone else's care
___(12) Got married
___(13) Other (Specify)_____

---

z353   Is it easier for you to report (your/name's) cash assistance payments monthly or annually?

(1) Monthly
(2) Annually

___

---

z354   Were the monthly payment (you/name) received in 2001 all the same amount, or did the amount change?

(1) Same amount each month
(2) Amount changed

___

---

z355   How much did (you/name) receive (each month/   ) in cash assistance payments in 2001?

AMOUNT: $_____.00
(IF z353 EQ   (1), VERIFY IF DOLLAR AMOUNT OVER $1,000.
              (2), $10,000.)

355_VER

> Public Assistance (AFDC) monthly payments reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ___

---

z356   Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 2001. What was the first amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

        ___

356_VER

> Monthly amount reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ___

---

z358   What was the second amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

        ___

358_VER

> Monthly amount reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ___

---

z360   What was the third amount (you/name) received?

AMOUNT: $ _____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

___

360_VER
        Monthly amount reported as
        (amount). Is this entry correct?

        (1) Yes
        (2) No

        _____

---

z363   According to my calculations (you/name) received (total) dollars in cash assistance
        payments in 2001. Does that sound right?

        (1) Yes
        (2) No

        ___

z364   What is your best estimate of the total amount (you/name) received in 2001?

AMOUNT: $_____.00
(VERIFY IF OVER $10,000)

364_VER
        Total Public Assistance (AFDC)
        amount reported as (amount). Is this
        entry correct?

        (1) Yes
        (2) No

        _____

---

365   During which months in 2001 did (you/name) receive WIC?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

(H) Help

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

365A1-365A6

What set of circumstances led (you/name) to apply for WIC in (month), 2001?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
 TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___   (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
___   (2) Pregnancy/birth of child
___   (3) Began receiving for another dependent
___   (4) Separated or divorced from spouse/partner
___   (5) Loss of job/wages/other income
___   (6) Loss of other support income
___   (7) Just learned about the program
___   (8) Just got around to applying
___   (9) Became disabled
___   (10) Other (Specify) _____

365B1-365B6

Why did (you/name) stop receiving WIC in (month), 2001?

(1) WIC benefits cut off
(2) Got a job
(3) Because of family changes
(4) Still eligible but chose not to collect
(5) Other, specify

 ___

Specify: _____

365C1-365C6

What reasons were given for (your/name's) WIC benefits being cut off?

ENTER NUMBER OF RESPONSE; MARK **"N"** WHEN NO MORE
RESPONSES: ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

__ (1) Not eligible -- income or other resources too high to qualify
__ (2) Not eligible -- not eligible due to penalty from previous
         program participation (sanctioned)
__ (3) Not eligible -- Did not meet health or disability requirement
__ (4) Not eligible -- Immigration status
__ (5) Not eligible -- specified or some other reason given
__ (6) Did not provide all the information requested
__ (7) Non-cooperation with work requirements
__ (8) Non-cooperation with child support requirements
__ (9) Not residing in an adult-supervised household
__ (10) Failed substance abuse requirements (testing or any other related)
__ (11) Had already received maximum assistance (time and $ limit)
__ (12) Lack of program funding
__ (13) Other reason (Specify) _____

365D1-365D6

What did (you/name) do to get by when your family lost benefits?

ENTER NUMBER OF RESPONSE; MARK **"N"** WHEN NO MORE
RESPONSES: ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___   (1) Cut back on expenses for necessities (food, doctor's bills, etc.)
___   (2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
___   (3) Moved to cheaper housing
___   (4) Moved in with others /doubled up
___   (5) Stopped paying bills/paid bills late
___   (6) Got a job
___   (7) Did something illegal (sold drugs, shoplifted, prostitution)
___   (8) Borrowed money from friends/family
___   (9) Got my children's father to give me child support
___   (10) Applied for benefits in another program
___   (11) Placed my child/children in someone else's care
___   (12) Got married
__   (13) Other (specify)_____

366   During which months in 2001 did (you/name) receive Foster Child Care payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

367   Is it easier for you to report (your/name's) Foster Child Care payments in 2001 monthly or annually?

(1) Monthly
(2) Annually

___

369   Were the monthly payments (you/name) received in 2001 all the same amount, or did the amount change?

(1) Same amount each month
(2) Amount changed

___

370   How much did (you/name) receive (each month/   ) in Foster Child Care payments in 2001?

AMOUNT: $_____.00
IF 367 EQ   (1) VERIFY IF OVER $1,000.
             (2) VERIFY IF OVER $10,000.

370_VER
        Foster Child Care payments reported
        as (amount). Is this entry correct?

        (1) Yes
        (2) No

        ____

371   Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 2001. What was the first amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?
                                        ___

> 371_VER
>   First monthly Foster Child Care amount reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ____

373   What was the second amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?
                                        ___

> 373_VER
>   Second monthly Foster Child Care amount reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ____

375   What was the third amount (you/name) received?

       AMOUNT: $_____.00
       (VERIFY IF OVER $1,000)

       READ IF NECESSARY: How many months did (you/he/she) receive that amount?
       ___

       ┌───┐
       │ 375_VER   │
       │   Third monthly Foster Child Care   │
       │   amount reported as (amount).   Is this   │
       │   entry correct?   │
       │   │
       │   (1) Yes   │
       │   (2) No   │
       │   │
       │   ____   │
       └───┘

378   According to my calculations (you/name) received (total) dollars in Foster Child
       Care payments in 2001. Does that sound right?

               (1) Yes
               (2) No

               ___

379   What is your best estimate of the total amount (you/name) received in 2001?

       AMOUNT: $_____.00
       (VERIFY IF OVER $10,000)

       ┌───┐
       │ 379_VER   │
       │   │
       │ Total Foster Child Care amount reported   │
       │ as (amount). Is this entry correct?   │
       │   │
       │   (1) Yes   │
       │   (2) No   │
       │   │
       │   ____   │
       └───┘

380   During which months in 2001 did (you/name) receive General Assistance payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1	JAN	___7	JUL
___2	FEB	___8	AUG
___3	MAR	___9	SEP
___4	APR	___10	OCT
___5	MAY	___11	NOV
___6	JUN	___12	DEC

381   Is it easier for you to report (your/name's) General Assistance payments monthly or annually?

(1) Monthly
(2) Annually

___

382   Were the monthly payment (you/name) received in 2001 all the same amount, or did the amount change?

(1) Same amount each month
(2) Amount changed

___

383   How much did (you/name) receive (each month/   ) in General Assistance payments in 2001?

AMOUNT: $_____.00
(IF 381 EQ   (1), VERIFY IF OVER $1,000.
               (2), VERIFY IF OVER $10,000.

```
383_VER
      General Assistance payments reported
      as (amount).   Is this entry correct?

      (1) Yes
      (2) No


      ____
```

384   Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 2001. What was the first amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?
        ___

> 384_VER
>   Monthly amount reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

386   What was the second amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?
        ___

> 386_VER
>   Monthly amount reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

388   What was the third amount (you/name) received?

AMOUNT: $_____.00
(VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?
_____

> **388_VER**
>
> Monthly amount reported as (amount).   Is this entry correct?
>
> (1) Yes
> (2) No
>
> _____

391   According to my calculations (you/name) received (total) dollars in General Assistance payments in 2001.

Does that sound right?

(1) Yes
(2) No

_____

392   What is your best estimate of the total amount (you/name) received in 2001?

AMOUNT: $_____.00
(VERIFY IF OVER $10,000)

> **392_VER**
>
> Total General Assistance amount reported as (amount).   Is this entry correct?
>
> (1) Yes
> (2) No
>
> _____

392a

How much did (you/name) receive in emergency assistance payments in 2001?

AMOUNT: $_____.00
(VERIFY IF OVER $1000)

```
392_VER
        Total Emergency Assistance amount
        reported as (amount).   Is this entry
        correct?

        (1) Yes
        (2) No


        ____
```

393   During which months in 2001 did (you/name) receive other welfare payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

393A1-393A6

What set of circumstances led (you/name) to apply for other welfare payments in (month) 2001?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___   (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
___   (2) Pregnancy/birth of child
___   (3) Began receiving for another dependent
___   (4) Separated or divorced from spouse/partner
___   (5) Loss of job/wages/other income
___   (6) Loss of other support income
___   (7) Just learned about the program
___   (8) Just got around to applying
___   (9) Became disabled
___   (10) Other (Specify) _____

393B1-393B6

Why did (you/name) stop receiving other welfare payments in (month), 2001?

(1) Benefits cut off
(2) Got a job
(3) Because of family changes
(4) Still eligible but chose not to collect
(5) Other, specify

___

Specify: _____

393C1-393C6

What reasons were given for (your/name's) other welfare benefits being cut off?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___(1) Not eligible -- income or other resources too high to qualify
___(2) Not eligible -- not eligible due to penalty from previous program
participation (sanctioned)
___(3) Not eligible -- Did not meet health or disability requirement
___(4) Not eligible -- Immigration status
___(5) Not eligible -- no reason specified or some other reason given
___(6) Did not provide all the information requested
___(7) Non-cooperation with work requirements
___(8) Non-cooperation with child support requirements
___(9) Not residing in an adult-supervised household
___(10) Failed substance abuse requirements (testing or any other related)
___(11) Had already received maximum assistance (time and $ limit)
___(12) Lack of program funding
___(13) Other (Specify)_____

393D1-393D6

What did (you/name) do to get by when your family lost benefits?

MARK ALL THAT APPLY

ENTER NUMBER OF RESPONSE; MARK **"N"** WHEN NO MORE
RESPONSES: _____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___(1) Cut back on expenses for necessities (food, doctor's bills, etc.)
___(2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
___(3) Moved to cheaper housing
___(4) Moved in with others /doubled up
___(5) Stopped paying bills/paid bills late
___(6) Got a job
___(7) Did something illegal (sold drugs, shoplifted, prostitution)
___(8) Borrowed money from friends/family
___(9) Got my children's father to give me child support
___(10) Applied for benefits in another program
___(11) Placed my child/children in someone else's care
___(12) Got married
___(13) Other (Specify) _____

---

394   Is it easier for you to report (your/name's) other welfare payments monthly or annually?

                    (1) Monthly
                    (2) Annually

                    ___

---

395   Were the monthly payments (you/name) received in 2001 all the same amount, or did the amount change?

                    (1) Same amount each month
                    (2) Amount changed

                    ___

---

396   How much did (you/name) receive (each month/　) in other welfare payments in 2001?

AMOUNT: $_____.00
VERIFY DOLLAR AMOUNT IF OVER $10,000.
(IF 394 EQ   (1), VERIFY IF OVER $1,000.
                (2), VERIFY IF OVER $10,000.

> 396_VER
>
>   Other welfare payments reported as (amount). Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

397   Now I am going to ask you the different amounts that (you/name) received and for
        how many months (you/he/she) received each amount during 2001. What was the
        first amount (you/name) received?

        AMOUNT: $_____.00
        (VERIFY IF OVER $1,000)

        READ IF NECESSARY: How many months did (you/he/she) receive that amount?

        ____

        ┌───┐
        │ 397_VER   │
        │   Monthly amount reported as   │
        │   (amount).   Is this entry correct?│
        │   │
        │   (1) Yes   │
        │   (2) No   │
        │   │
        │   │
        │   ____   │
        └───┘

399   What was the second amount (you/name) received?

        AMOUNT: $_____.00
        (VERIFY IF OVER $1,000)

        READ IF NECESSARY: How many months did (you/he/she) receive that amount?

        ____

        ┌───┐
        │ 399_VER   │
        │   Monthly amount reported as   │
        │   (amount).   Is this entry correct?│
        │   │
        │   (1) Yes   │
        │   (2) No   │
        │   │
        │   │
        │   ____   │
        └───┘

401   What was the third amount (you/name) received?

AMOUNT: $_____.00
VERIFY IF OVER $1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?
_____

```
401_VER
        Monthly amount reported as
        (amount).   Is this entry correct?

        (1) Yes
        (2) No


        _____
```

404   According to my calculations (you/name) received (total) dollars in other welfare
        payments in 2001. Does that sound right?

                (1) Yes
                (2) No

                _____

405   What is your best estimate of the total amount (you/name) received in 2001?

AMOUNT: $_____.00
(VERIFY IF OVER $10,000)

```
405_VER
        Total other welfare amount reported
        as (amount).   Is this entry correct?

        (1) Yes
        (2) No


        __
```

405A How much has this household received in energy assistance in the past 12 months, that is, since (MONTH) 2001?
          (H) Help

AMOUNT: $_____.00
(VERIFY DOLLAR AMOUNT OVER $5,000)

> 405A_VER
>   Energy assistance reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

406 Is it easier for you to report (your/name's) Veteran's payments monthly or annually?

          (1) Monthly
          (2) Annually

          ___

407 (Excluding educational assistance,) How much did (you/name) receive (monthly/) in Veteran's payments in 2001?

AMOUNT: $_____.00
IF 406 EQ   (1), VERIFY DOLLAR AMOUNT OVER $2,000.
              (2), $20,000.)

> 407_VER
>   Veterans' payments reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

408   During which months in 2001 did (you/name) receive Veterans' payments,
        (excluding educational assistance)?

        ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
        USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

        FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

        FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

        ___1 JAN   ___7 JUL
        ___2 FEB   ___8 AUG
        ___3 MAR   ___9 SEP
        ___4 APR   ___10 OCT
        ___5 MAY   ___11 NOV
        ___6 JUN   ___12 DEC

409   According to my calculations (you/name) received (total) dollars from Veteran's
        payments in 2001 (excluding educational assistance).
        Does that sound right?

                    (1) Yes
                    (2) No

                    ___

410   What is your best estimate of the total amount (you/name) received in 2001
        (excluding educational assistance)?

        AMOUNT: $_____.00
        (VERIFY DOLLAR AMOUNT OVER $20,000)

        410_VER
                Estimated Veterans' payments
                reported as (amount). Is this entry
                correct?

                (1) Yes
                (2) No

                ____

(COLLECT INFORMATION IN QUESTIONS 411-421 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 235.)

411   Is it easier for you to report (your/name's) (first source in 235) payments monthly or annually?

(1) Monthly
(2) Annually

___

---

412   How much did (you/name) receive (monthly/   ) in 2001?

INCOME SOURCE: (First source marked in 235)

AMOUNT: $_____.00
(IF 411 EQ   (1), VERIFY DOLLAR AMOUNT OVER $5,000.
              (2), $50,000.)

```
412_VER
        Survivor's Benefits reported as
        (amount).   Is this entry correct?

        (1) Yes
        (2) No

        ____
```

---

413 During which months in 2001 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN	___7 JUL
___2 FEB	___8 AUG
___3 MAR	___9 SEP
___4 APR	___10 OCT
___5 MAY	___11 NOV
___6 JUN	___12 DEC

---

415   According to my calculations (you/name) received (total) dollars from (First source in 235) in 2001. Does that sound right?

>   (1) Yes
>   (2) No

>   ___

---

416   What is your best estimate of the total amount (you/name) received in 2001?

INCOME SOURCE: (First source marked in 235)

AMOUNT: $_____.00
(VERIFY DOLLAR AMOUNT OVER $50,000)

> 416_VER
>   Survivor's Benefits reported as (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

417   Is it easier for you to report (your/name's) (Second source from item 235) payments in 2001 monthly or annually?

>   (1) Monthly
>   (2) Annually

>   ___

---

418   How much did (you/name) receive (monthly/   ) in 2001?

INCOME SOURCE: (Second source marked in 235)

AMOUNT: $_____.00
(IF 417 EQ   (1), VERIFY DOLLAR AMOUNT OVER $5,000.
                   (2), $50,000.)

> 418_VER
>   Survivor's Benefits reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

419 During which months in 2001 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7   JUL
___2 FEB   ___8   AUG
___3 MAR   ___9   SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

420   According to my calculations (you/name) received (total) dollars from (Second
source marked in 235). Does that sound right?

(1) Yes
(2) No

___

421   What is your best estimate of the total amount (you/name) received in 2001?

INCOME SOURCE: (Second source marked in 235)

AMOUNT: $_____.00
(VERIFY DOLLAR AMOUNTS OVER $50,000)

421_VER
    Survivor's Benefits reported as
    (amount).   Is this entry correct?

    (1) Yes
    (2) No

    ____

(COLLECT INFORMATION IN QUESTIONS 422-432 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 241.)

422   Is it easier for you to report (your/name's) (First source from item 241) payments in 2001 monthly or annually?

      (1) Monthly
      (2) Annually

      ___

---

423   How much did (you/name) receive (monthly/) in 2001?

INCOME SOURCE: (First source in 241)

AMOUNT: $_____.00
(IF 422 EQ   (1), VERIFY IF DOLLAR AMOUNT OVER $5,000.
            (2), $50,000.)

> 423_VER
>
>   Disability Income reported as (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

424 During which months in 2001 did (you/name) receive these payments?

      ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
      USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

      FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

      FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

      ___1 JAN   ___7 JUL
      ___2 FEB   ___8 AUG
      ___3 MAR   ___9 SEP
      ___4 APR   ___10 OCT
      ___5 MAY   ___11 NOV
      ___6 JUN   ___12 DEC

---

425   According to my calculations (you/name) received (total) dollars from (First source marked in 241) in 2001. Does that sound right?

> (1) Yes
> (2) No

> ___

---

426   What is your best estimate of the total amount (you/name) received in 2001?

INCOME SOURCE: (First source in 241)

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT OVER $50,000)

> 426_VER
>   Disability Income reported as (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

427   Is it easier for you to report (your/name's) (Second source marked in 241) payments in 2001 monthly or annually?

> (1) Monthly
> (2) Annually

> ___

---

428 How much did (you/name) receive (monthly/   ) in 2001?

    INCOME SOURCE: (Second source in 241)

    AMOUNT: $_____.00
    IF 427 EQ   (1), VERIFY IF DOLLAR AMOUNT IS OVER $5,000.
                 (2), $50,000.)

> 428_VER
>   Disability Income reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

429 During which months in 2001 did (you/name) receive these payments?

    ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
    USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

    FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

    FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

    ___1 JAN   ___7   JUL
    ___2 FEB   ___8   AUG
    ___3 MAR   ___9   SEP
    ___4 APR   ___10 OCT
    ___5 MAY   ___11 NOV
    ___6 JUN   ___12 DEC

431   According to my calculations (you/name) received (total) dollars from (Second
      source marked in 241) in 2001. Does that sound right?

        (1) Yes
        (2) No

        ___

432   What is your best estimate of the total amount (you/name) received in 2001?

INCOME SOURCE: (Second source in 241)

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000)

```
432_VER
      Disability Income reported as
      (amount).   Is this entry correct?

      (1) Yes
      (2) No


      ____
```

(COLLECT INFORMATION IN QUESTIONS 433-442 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 244.)

The following set of fills are used for 433-442:

(1) company of union pension payments
(2) Federal government retirement payments
(3) U.S. military retirement payments
(4) State or local government pension payments
(5) U.S. Railroad Retirement payments
(6) payments from annuities or paid up insurance policies
(7) payments from an IRA, KEOGH, OR 401(k)
(8) other pension or retirement payments

433   Is it easier for you to report (your/name's) (First source marked in 244) in 2001 monthly or annually?

(1) Monthly
(2) Annually

___

434 How much did (you/name) receive (monthly/   ) in 2001?

       INCOME SOURCE: (First source listed in 244)

       AMOUNT: $_____.00
       (IF 433 EQ   (1), VERIFY IF DOLLAR AMOUNT IS OVER $5,000.
                    (2), $50,000.)

```
434_VER
     Pension or Retirement reported as
     (amount).   Is this entry correct?

     (1) Yes
     (2) No


     ____
```

435 During which months in 2001 did (you/name) receive these payments?

       ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
       USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

       FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

       FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

          ___1 JAN   ___7 JUL
          ___2 FEB   ___8 AUG
          ___3 MAR   ___9 SEP
          ___4 APR   ___10 OCT
          ___5 MAY   ___11 NOV
          ___6 JUN   ___12 DEC

436   According to my calculations (you/name) received (total) dollars from (First source marked in 244) in 2001. Does that sound right?

               (1) Yes
               (2) No

               __

437   What is your best estimate of the total amount (you/name) received in 2001?

INCOME SOURCE: (First source listed in 244)

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT OVER $50,000)

437_VER
>   Pension or Retirement reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

438   Is it easier for you to report (your/name's) (Second source from item 244) payments
        in 2001 monthly or annually?

(1) Monthly
(2) Annually

__

439 How much did (you/name) receive (monthly/   ) in 2001?

INCOME SOURCE: (Second source listed in 244)

AMOUNT: $_____.00
(IF 438 EQ   (1), VERIFY IF DOLLAR AMOUNT OVER $5,000.
               (2), $50,000.)

439_VER
>   Pension or Retirement reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

440 During which months in 2001 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN			___7 JUL	
___2 FEB			___8 AUG	
___3 MAR			___9 SEP	
___4 APR			___10 OCT	
___5 MAY			___11 NOV	
___6 JUN			___12 DEC	

---

441   According to my calculations (you/name) received (total) dollars from (Second source marked in 244) in 2001. Does that sound right?

(1) Yes
(2) No

___

---

442   What is your best estimate of the total amount (you/name) received in 2001?

INCOME SOURCE: (Second source listed in 244)

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT OVER $50,000)

```
442_VER
        Pension or Retirement reported as
        (amount).   Is this entry correct?

        (1) Yes
        (2) No


        ____
```

---

445   Earlier you told me that (you/name) had interest-earning accounts such as (a savings or interest-earnings checking account, money market fund/bonds, treasury notes, certificates of deposit) or other investments that pay interest. Did (you/name) own any of these jointly with (your/his/her) (husband/wife)?

                        (1) Yes
                        (2) No

                        __

---

446   What is your best estimate of the AVERAGE AMOUNT that (you/name) and (your/his/her) (husband/wife) had in these jointly-held accounts during 2001?

        (H) Help

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT EQUALS $0.)
        (VERIFY IF DOLLAR AMOUNT IS OVER $100,000)

        ┌───┐
        │ 446_VER   │
        │   Interest earning accounts reported as │
        │   (amount).   Is this entry correct? │
        │   │
        │   (1) Yes   │
        │   (2) No   │
        │   │
        │   │
        │   ____   │
        └───┘

---

447   How much did (you/name) receive IN INTEREST from these jointly-held accounts during 2001, including even small amounts credited to accounts?

        (H) Help

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT OVER $10,000)

        ┌───┐
        │ 447_VER   │
        │   Interest in jointly-held accounts │
        │   reported as (amount).   Is this entry │
        │   correct?   │
        │   │
        │   (1) Yes   │
        │   (2) No   │
        │   │
        │   │
        │   ____   │
        └───┘

---

448   Did (you/name) have any (other) interest-earning accounts in (your/his/her) name only?

                    (1) Yes
                    (2) No

                    __

449   (Earlier you told me that (you/name) had interest-earning accounts such as a (savings or interest-earning checking account, money market fund/bonds, treasury notes, certificates of deposit) or other investments that pay interest.)
       What is your best estimate of the AVERAGE AMOUNT that (you/name) had in these accounts during 2001?

       AMOUNT: $_____.00
       (VERIFY IF DOLLAR AMOUNT EQUALS $0.)
       (VERIFY IF DOLLAR AMOUNT IS OVER $100,000)

       ┌───┐
       │ 449A_VER   │
       │   Interest earning accounts reported as │
       │   (amount).   Is this entry correct?   │
       │   │
       │   (1) Yes   │
       │   (2) No   │
       │   │
       │   ____   │
       └───┘

450   How much did (you/name) receive IN INTEREST from these sources during 2001, including even small amounts credited to accounts?

       AMOUNT: $_____.00
       (VERIFY IF DOLLAR AMOUNT IS OVER $10,000)

       ┌───┐
       │ 450_VER   │
       │   Interest earning accounts reported as │
       │   (amount).   Is this entry correct?   │
       │   │
       │   (1) Yes   │
       │   (2) No   │
       │   │
       │   ____   │
       └───┘

454.   Earlier you told me that (you/name) owned mutual funds or shares of stock. Did (you/name) own any mutual funds or stocks jointly with (your/name's) (husband/wife)?

(1) Yes
(2) No

___

455   How much did (you/name) receive IN DIVIDENDS from jointly-held mutual funds or stocks during 2001?

ENTER TOTAL DIVIDENDS ("0" IF NO EARNINGS)

(H) Help

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS $0.)
(VERIFY IF DOLLAR AMOUNT IS OVER $10,000)

455_VER
        Dividends from jointly-held mutual funds or stocks reported as (amount). Is this entry correct?

        (1) Yes
        (2) No

        ____

456   What is your best estimate of the AVERAGE AMOUNT that (you/name) and
       (your/name's) (husband/wife) had in jointly-held mutual funds or stocks in 2001?

       (H) Help

       AMOUNT: $_____.00
       VERIFY IF DOLLAR AMOUNT IS OVER $100,000)

> 456_VER
> Jointly-held mutual funds and stocks
> reported as (amount).   Is this entry
> correct?
>
> (1) Yes
> (2) No
>
> ____

457   Did (you/name) have mutual funds or stocks in (her/his/your) name only?

           (1) Yes
           (2) No

           ___

458   (Earlier you told me that (you/name) owned mutual funds or shares of stock.)
       How much did (you/name) receive IN DIVIDENDS from (these) mutual funds or
       stocks during 2001?

       AMOUNT: $_____.00
       (VERIFY IF DOLLAR AMOUNT EQUALS $0.)
       VERIFY IF DOLLAR AMOUNT IS OVER $10,000)

> 458_VER
> Dividends from mutual funds or
> stocks reported as (amount).   Is this
> entry correct?
>
> (1) Yes
> (2) No
>
> ____

459 What is your best estimate of the AVERAGE AMOUNT that (you/name) had in (these) mutual funds or stocks in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $100,000)

> 459_VER
> Average amount from mutual funds
> or stocks reported as (amount). Is
> this entry correct?
>
> (1) Yes
> (2) No
>
> ____

463 Earlier you told me that (you/name) owned some rental property. Did (you/name) own any of this rental property jointly with (your/his/her) (husband/wife)?

(1) Yes
(2) No

___

464 How much did (you/name) receive in rental income **after expenses** from jointly-held rental property during 2001?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)
(H) Help

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS $0.)
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000.)

> 464_VER
> Rental income reported as (amount).
> Is this entry correct?
>
> (1) Yes
> (2) No
>
> ___

465   Did (you/name) own any rental property entirely in (your/his/her) own name in 2001?

       (1) Yes
       (2) No

    ___

466   (Earlier you told me that (you/name) owned some rental property.) How much did (you/name) receive in rental income **after expenses** from this property during 2001?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS TO $0.)
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000.)

> 466_VER
>   Rental income reported as (amount).
>   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

467   How much did (you/name) receive in royalties during 2001?

      (H) Help

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000.)

> 467_VER
>   Income from royalties reported as (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

---

473   How much did (you/name) receive from estate or trust income in 2001?

(H) Help

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000)

```
473_VER
        Income from estates or trusts reported
        as (amount).   Is this entry correct?

        (1) Yes
        (2) No


        ____
```

---

479   Is it easier for you to report (your/name's) alimony payments monthly or annually?

(1) Monthly
(2) Annually

___

---

480   How much did (you/name) receive (monthly/) in alimony payments in 2001?

AMOUNT: $_____.00
(If 479 EQ (1) VERIFY IF DOLLAR AMOUNT IS OVER $2,500)
              (2) VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

```
480_VER
        Alimony payments reported as
        (amount).   Is this entry correct?

        (1) Yes
        (2) No


        ____
```

481   During which months in 2001 did (you/name) receive alimony payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

482   According to my calculations (you/name) received (total) dollars altogether from
       alimony payments in 2001. Does that sound right?

(1) Yes
(2) No

___

483   What is your best estimate of the total amount (you/name) received in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

483_VER
         Alimony payments reported as
    (amount).   Is this entry correct?

    (1) Yes
    (2) No

    ____

484   Which is the easiest way for you to report (your/name's) child support payments: weekly, every two weeks, twice monthly, monthly or annually?

     (1) Weekly
     (2) Every two weeks
     (3) Twice Monthly
     (4) Monthly
     (5) Annually

    ___

485A   How much did (you/name) receive (periodicity in 484) in child support payments?

     AMOUNT: $_____.00
     (IF 484 EQ   (1), VERIFY IF DOLLAR AMOUNT IS OVER $1,000.
                  (2 OR 3), $1,500.
                  (4), $3,000.
                  (5), $30,000.)

+--+
| 485A_VER |
| Child support payments reported as |
| (amount).   Is this entry correct? |
| |
| (1) Yes |
| (2) No |
| |
| ____ |
+--+

485B **FLASHCARD 2001 CALENDAR**
During which weeks of 2001 did (you/name) receive child support payments?
Please tell me "from what week number to what week number" for each time
period.

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM
(WEEK) TO (WEEK)" FOR EACH PERIOD; USE **"A"** for ALL, **"0"** to ERASE,
"N" for NO MORE

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

FROM __ TO __   FROM __ TO __   FROM __ TO __   FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

486   During which months did (you/name) received child support payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

487   According to my calculations (you/name) received (total) dollars altogether from
child support payments in 2001. Does that sound right?

(1) Yes
(2) No

___

488   What is your best estimate of the total amount (you/name) received in 2001?

        AMOUNT: $_____.00
        (VERIFY IF AMOUNT IS OVER $30,000)

> 488_VER
>
>   Child support payments reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>
>   ____

489   Is it easier for you to report the regular financial assistance (you/name) received in
        2001 from friends or relatives not living in this household, monthly or annually?

        (1) Monthly
        (2) Annually

        ___

490   How much did (you/name) receive (monthly/   ) in financial assistance from friends
        or relatives during 2001?

                (H) Help

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

> 490_VER
>
>   Financial assistance from friends or
>   relatives reported as (amount).   Is this
>   entry correct?
>
>   (1) Yes
>   (2) No
>
>
>   ____

491   During which months in 2001 did (you/name) receive regular financial assistance
        from friends or relatives not living in this household?

        ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
        USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

        FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

        FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

        ___1 JAN   ___7 JUL
        ___2 FEB   ___8 AUG
        ___3 MAR   ___9 SEP
        ___4 APR   ___10 OCT
        ___5 MAY   ___11 NOV
        ___6 JUN   ___12 DEC

492   According to my calculations (you/name) received (total) dollars from regular
        financial assistance from friends or relatives not living in this household in 2001.
        Does that sound right?

                (1) Yes
                (2) No

                ____

493   What is your best estimate of the total amount (you/name) received in 2001?

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

        493_VER
                Financial assistance from friends or
                relatives reported as (amount).   Is this
                entry correct?

                (1) Yes
                (2) No

                ____

---

494   Is it easier for you to report (your/name's) National Guard or Reserve payments during 2001 monthly or annually?

                (1) Monthly
                (2) Annually

              ___

---

495   How much did (you/name) earn (monthly/) from National Guard or Reserve pay in 2001?

    AMOUNT: $_____.00
    (IF 494 EQ   (1), VERIFY IF DOLLAR AMOUNT IS OVER $2,000.
                 (2), $20,000.)

> **495A_VER**
> National Guard or Reserve pay reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ____

---

496   During which months in 2001 did (you/name) receive this income?

    ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
    USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

    FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

    FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

        ___1 JAN   ___7 JUL
        ___2 FEB   ___8 AUG
        ___3 MAR   ___9 SEP
        ___4 APR   ___10 OCT
        ___5 MAY   ___11 NOV
        ___6 JUN   ___12 DEC

---

497   According to my calculations (you/name) received (total) dollars altogether from National Guard or Reserve pay in 2001. Does that sound right?

                (1) Yes
                (2) No

              __

---

498   What is your best estimate of the total amount (you/name) received from National
        Guard or Reserve pay in 2001?

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT OVER $20,000)

> 498_VER
>   National Guard or Reserve pay
>   reported as (amount).   Is this entry
>   correct?
>
>   (1) Yes
>   (2) No
>
>
>   ____

499   Earlier you reported that (you/name) earned income from a side business or hobby.
        Is it easier for you to report this income for 2001 monthly or annually?

                (1) Monthly
                (2) Annually

                __

500   How much did (you/name) earn (monthly/) from a side business or hobby in 2001?

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT EQUALS $0.)
        (IF 499 EQ   (1), VERIFY IF DOLLAR AMOUNT IS OVER $5,000.
                       (2), $50,000.)

> 500_VER
>   Casual earnings from a side business
>   or hobby reported as (amount).   Is
>   this entry correct?
>
>   (1) Yes
>   (2) No
>
>
>   ____

501   During which months in 2001 did (you/name) receive this income?

      ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
      USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

      FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

      FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

      ___1 JAN   ___7 JUL
      ___2 FEB   ___8 AUG
      ___3 MAR   ___9 SEP
      ___4 APR   ___10 OCT
      ___5 MAY   ___11 NOV
      ___6 JUN   ___12 DEC

502   According to my calculations (you/name) received (total) dollars altogether from a side business or hobby in 2001.
Does that sound right?

             (1) Yes
             (2) No

             __

503   What is your best estimate of the total amount (you/name) received from a side business or hobby in 2001?

      AMOUNT: $_____.00
      (VERIFY IF DOLLAR AMOUNT IS OVER $50,000)

> 503_VER
>
>   Casual earnings from a side business or hobby reported as (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>
>   ____

504   How much income did (you/name) receive from (your/his/her) interest in a farm in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS $0.)
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000)

```
504_VER
        Interest in a farm reported as
        (amount).   Is this entry correct?

        (1) Yes
        (2) No


        ____
```

505   During which months in 2001 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN		___7 JUL	
___2 FEB		___8 AUG	
___3 MAR		___9 SEP	
___4 APR		___10 OCT	
___5 MAY		___11 NOV	
___6 JUN		___12 DEC	

506   How much did (you/name) receive in lump sum payments in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $50,000)

```
506_VER
        Lump sum payments reported as
        (amount).   Is this entry correct?

        (1) Yes
        (2) No


        ____
```

508   How much did (you/name) receive in income assistance from a charitable group in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $10,000)

508_VER
>   Income assistance from a charitable group reported as (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

509   During which months in 2001 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL, **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

510   How much did (you/name) receive in other income in 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $10,000)

> 510_VER
>
>   Other source of income reported as
> (amount).   Is this entry correct?
>
> (1) Yes
> (2) No
>
>
> ____

APP1
(I know that (you haven't/name hasn't) received any income assistance, but
(you/he/she) may have looked into getting such assistance.)
(You reported (receiving/that (name) received) some income assistance. The next
questions are about whether (you/he/she) looked into getting any OTHER
government assistance.)

At any time during 2001, did (you/name) complete an application to receive any
(OTHER) government assistance because (you/he/she) had income that was too low
to meet (your/his/her) needs?

> (1) Yes
> (2) No
>
>
> __

APP2
For which government programs did (you/name) complete an application?
(PROBE: Anything else?)

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
 TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___(1) Cash assistance for children or families with children (old AFDC/ADC)
___(2) Supplemental Security Income (SSI) for the aged, blind, and disabled
___(3) Food stamps
___(4) WIC (Women, Infants, and Children Nutrition program)
___(5) Unemployment compensation
___(6) Public Housing or rental assistance
___(7) Energy assistance
___(8) Education or training
___(9) Child care assistance
___(10) Transportation assistance
___(11) School meals
___(12) Other (Specify)_____

ASK LOOP ONCE FOR EACH APPLICATION IN APP2.
APP3

Has (your/name's) application been approved, denied, or (are you/is he/is she) still waiting to hear?

PROGRAM: (SOURCE)

(1) Approved
(2) Denied
(3) Still waiting to hear

____

APP4

If (your/name's) application was approved, why didn't (you/he/she) receive those benefits in 2001?

PROGRAM: (SOURCE)

(1) Decided not to receive benefit
(2) On waiting list
(3) Benefits began in 2002
(4) Haven't arrived or started yet
(5) Other (specify)

___

    Specify: _____

APP5

What reasons were given for (your/name's) being denied?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

___(1) Not eligible -- income or other resources too high to qualify
___(2) Not eligible -- due to penalty from previous program participation
___(3) Not eligible -- Didn't meet health or disability requirement
___(4) Not eligible -- Immigration status
___(5) Not eligible -- no reason specified or some other reason given
___(6) Did not provide all the information requested
___(7) Non-cooperation with work requirements
___(8) Non-cooperation with child support requirements
___(9) Not residing in an adult-supervised household
___(10)Failed substance abuse requirements (testing or any other related)
___(11)Had already received maximum assistance (time and/or money limit)
___(12)Lack of program funding
___(13)Other reason (Specify) _____

SKIP_IS

Do you want to skip (name) at this time?

> (1) Yes, continue
> (2) No, back to previous item

> __

ELIGIBILITY AND ASSETS

601	Who owns or is buying this (house/apartment)?	LN NAME	AGE

601   Who owns or is buying this
         (house/apartment)?

ENTER AS MANY LINE NUMBERS AS
NEEDED. TO "UNMARK" A LINE NUMBER
RE-ENTER THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO
MORE
                (H) Help

         LINE NUMBER: ___

LN NAME   AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

---

604   How much do you ESTIMATE this (house/apartment) would sell for if (you/name)
         were to put it on the market today?

         (H) Help

         AMOUNT: $_____.00
         (VERIFY IF DOLLAR AMOUNT OVER $500,000)

604_VER
         Market value reported as (amount).
         Is this entry correct?

         (1) Yes
         (2) No

         ____

607   (Do/Does) (you/name) have any mortgages on this property?

(1) Yes
(2) No
(H) Help

___

608   (Do/Does) (you/name) have any home equity loans on this property?

(1) Yes
(2) No

___

609

The next few questions are about your property taxes, homeowners
insurance and current mortgage (and home equity payments) on this home. It will
be much easier to provide this information if you refer to your
mortgage and loan statement. I'd be glad to wait while you get those records.

How much are (your/name's) monthly mortgage payments (including any condo or
association fees)?

(H) Help

AMOUNT: $_____.00
VERIFY IF OVER $2,500

> 609_VER
>   Monthly mortgage reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

610   (Do/Does) (your/name's) mortgage payments include property taxes?

(1) Yes
(2) No

___

611 The next few questions are about your property taxes, homeowners insurance and on this home. It will be much easier to provide this information if you refer to your records. I'd be glad to wait while you get those records.

How much are (your/name's) total property taxes, including city, county, and school taxes?

(H) Help

AMOUNT: $ _____.00
VERIFY IF OVER $10,000

> **611_VER**
> Property taxes reported as (amount).
> Is this entry correct?
>
> (1) Yes
> (2) No
>
> ___

---

612 (Do/Does) (your/name's) mortgage payment include insurance premiums?

(1) Yes
(2) No
(H) Help

___

---

613 How much (do/does) (you/name) pay for homeowner's insurance, that is, what is (your/name's) annual premium?

(H) Help

AMOUNT: $_____.00
VERIFY IF OVER $10,000

> **613_VER**
> Homeowner's insurance reported as (amount).   Is this entry correct?
>
> (1) Yes
> (2) No
>
> ____

614. How much are (your/name's) monthly payments on (your/his/her) home equity loan?

AMOUNT: $_____.00
VERIFY IF OVER $50,000

```
614_VER
         Home equity loan reported as
         (amount).   Is this entry correct?

         (1) Yes
         (2) No


         ____
```

618B How much was this household's rent payment last month?

(H) Help

AMOUNT: $_____.00

618C The next few questions are about your usual monthly utility bills.

How much (do you/does this household) usually pay for electricity per month?

AMOUNT: $_____.00

How much for gas or other types of heating fuel per month?

AMOUNT: $_____.00

How much (did you/does this household) pay for BASIC telephone service per month?

AMOUNT: $_____.00

And how much (do you/does your household) usually pay for water and sewer per month?

AMOUNT: $_____.00

618D Did more than one person living here pay for the (mortgage payments and/rent and/   ) utilities last month?

(1) Yes
(2) No

___

618E   Who paid (and how much did each pay)?

      (N) for no more
      (H) Help

  LN: ___   AMOUNT: $ _____

  LN: ___   AMOUNT: $ _____

  LN: ___   AMOUNT: $ _____

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.

---

619.   (Do/Does) (you/anyone in this household) own any real estate (OTHER THAN YOUR MAIN HOME,) such as a second home, land, rental real estate, or money owed to you on a land contract?

              (1) Yes
              (2) No
              (H) Help

              __

---

620   Who owns this real estate?

ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER.

ENTER LINE NUMBER OR "S" FOR SOMEONE OUTSIDE THE HOUSEHOLD OR "N" FOR NO MORE

     LINE NUMBER: ___

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.

SOMEONE OUTSIDE HOUSEHOLD.

---

623   About how much would the property or properties sell for if (you/name(s)) were to put them on the market today?

   AMOUNT: $_____.00
   (VERIFY IF DOLLAR AMOUNT IS OVER $500,000)

623_VER
    Selling price reported as (amount).   Is this entry correct?

    (1) Yes
    (2) No

    ____

---

624   (Do you/Do names/Does name) have a mortgage on the real estate?

        (1) Yes
        (2) No

        ___

625   How much is the remaining principal on the mortgage?

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT IS OVER $500,000)

> 625_VER
>   Remaining principal reported as
>   (amount).   Is this entry correct?
>
>   (1) Yes
>   (2) No
>
>   ____

631   (Do/Does) (you/anyone in this household) own a car, van, or truck? Do not include
       leased vehicles, recreational vehicles, or motorcycles?

        (1) Yes
        (2) No
        (H) Help

        ___

632   How many cars, trucks, or vans do (you/members of this household) own?

        (H) Help

        ___

633   Who owns (this/the newest/the next newest/the third newest) vehicle?

** ENTER UP TO TWO LINE NUMBERS **
"N" WHEN DONE, OR NONE

LINE NUMBER: ___   ___

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.

634a. What is the model year of (this/the newest/the next newest/the third newest) vehicle?

___   (ENTER 4 DIGIT YEAR)

634b What is the make of (this/the newest/the next newest/the third newest) vehicle?

ALL MINIVANS ARE CLASSIFIED AS A TRUCK (E.G., ENTER CODE 14 DODGE TRUCK FOR DODGE CARAVAN).

ALL FOREIGN MODELS (TRUCKS AND PASSENGER CARS), MADE IN THE U.S. OR ABROAD, APPEAR IN THE SAME CATEGORY (E.G., TOYOTA CAMRY AND TOYOTA TACOMA APPEAR UNDER CODE 52 FOR TOYOTA).

(01) ACURA	(13) DODGE	(24) JAGUAR	(35) MERCURY TRUCK
(02) ALFA ROMEO	(14) DODGE TRUCK	(25) JEEP	(36) MITSUBISHI
(03) AUDI	(15) EAGLE	(26) JEEP TRUCK	(37) NISSAN
(04) BMW	(16) FORD	(27) KIA	(38) OLDSMOBILE
(05) BUICK	(17) FORD TRUCK	(28) LAND ROVER	(39) OLDSMOBILE TRUCK
(06) CADILLAC	(18) GEO	(29) LEXUS	(40) PEUGEOT
(07) CHEVROLET	(19) GMC TRUCK	(30) LINCOLN	(41) PLYMOUTH
(08) CHEVROLET TRUCK	(20) HONDA	(31) LINCOLN TRUCK	(42) PLYMOUTH TRUCK
(09) CHRYSLER	(21) HYUNDAI	(32) MAZDA	(43) PONTIAC
(10) CHRYSLER TRUCK	(22) INFINITI	(33) MERCEDES-BENZ	(44) PONTIAC TRUCK
(11) DAEWOO			
(12) DAIHATSU	(23) ISUZU	(34) MERCURY	(45) PORSCHE
(46) RANGE ROVER	(47) SAAB	(48) SATURN	(49) STERLING
(50) SUBARU	(51) SUZUKI	(52) TOYOTA	(53) VOLKSWAGON
(54) VOLVO	(99) OTHER MAKE		

___

634c   What is the make of (this/the newest/the next newest/the third newest) vehicle?

___

634d   What is the model of (this/the newest/the next newest/the third newest) vehicle?

(PRE-CODED LIST OF ALL MODELS FOR THE MAKE IN 634b.

___

634e   What is the make of (this/the newest/the next newest/the third newest) vehicle?

___

---

635   Is this vehicle owned free and clear or is there still money owed on it?

(1) Free and clear
(2) Money owed

___

---

636   How much is currently owed for this vehicle?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

636_VER

Amount owed on vehicle reported as (amount). Is this entry correct?

(1) Yes
(2) No

___

---

637   Which of the following is this vehicle primarily used for: self-employment business purposes, not counting routine use to and from work; the transportation of a disabled person, or personal use?

(1) Self-employment business purposes
(2) Transportation of a disabled person
(3) Personal use

___

V_REVIEW

   USE THIS SCREEN TO DELETE
VEHICLES AS NECESSARY

   SHOULD ANY VEHICLES BE DELETED?

     (1) Yes
     (2) No

     ___

LN VEHICLE
YEAR

ROSTER VEHICLES.

V_REVIEW2

ENTER AS MANY LINE NUMBERS AS
NEEDED OR **"N"** FOR NO MORE.

RE-ENTER THE NUMBER TO "UNDELETE"
A LINE NUMBER.

   LINE NUMBER: ___

LN VEHICLE
YEAR

ROSTER VEHICLES.

---

645   (Aside from mortgagesor home equity loans,/Aside from car loans,/Aside from mortgages, home equity loans or car loans,) (Do/Does) (you/anyone in this household) have any (other) debts -- such as credit card charges, student loans, medical or legal bills, or loans from relatives?

          (1) Yes
          (2) No

     ___

---

646   Who debts are they?

ENTER AS MANY LINE NUMBERS AS
NEEDED. RE-ENTER THE NUMBER TO
"UNMARK" A LINE NUMBER.

ENTER LINE NUMBER OR "S" FOR
SOMEONE OUTSIDE THE HOUSEHOLD OR
"N" FOR NO MORE

   LINE NUMBER: ___

LN NAME   AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER.
INCLUDE A CODE FOR
SOMEONE OUTSIDE THE
HOUSEHOLD.**

649   If you added up all of (your/name's) debts (excluding mortgages/excluding car loans/excluding mortgages and car loans), about how much would they amount to right now?

      AMOUNT: $_____.00
      (VERIFY IF DOLLAR AMOUNT IS OVER $50,000)

> 649_VER
>
>   Total debts reported as (amount). Is this entry correct?
>
> (1) Yes
> (2) No
>
> ____

650   The next few questions are about money that (you/members of your household) may have provided for the support of persons outside this household.

      During 2001, did (you/anyone in this household) pay child support or provide money for the support of (your/his or her) children who lived with another parent or guardian?

            (1) Yes
            (2) No
            (H) Help

        ___

651 Who paid child support?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER	--- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**.
ENTER LINE NUMBER OR "N" FOR NO MORE	
LINE NUMBER: ___	

(Ask 652 for each person listed in 651.)

652   Including payments made directly to the other parent or guardian, payments made to a court or agency, and amounts withheld from paychecks, what were (your/name's) total payments for child support in 2001?

      AMOUNT: $_____.00
      (VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

652_VER
    Total debts reported as (amount).   Is this entry correct?

    (1) Yes
    (2) No

    ____

---

654   During 2001, did (you/anyone in this household) provide any alimony to a former spouse?

        (1) Yes
        (2) No

        ___

---

655   Who paid alimony?

ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER

ENTER THE NUMBER OR "N" FOR NO MORE

    LINE NUMBER: ___

LN NAME   AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.

---

656.   What were (your/name's) total payments for alimony in 2001?

        AMOUNT: $_____.00
        (VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

656_VER
    Alimony payments reported as (amount).   Is this entry correct?

    (1) Yes
    (2) No

    ____

657 (Other than child support/Other than alimony/Other than child support and alimony,) Did (you/anyone in this household) make any (other) payments for the support of someone who did not live in this household in 2001?

(1) Yes
(2) No

___

658 Who made these payments?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**.
ENTER THE NUMBER OR "N" FOR NO MORE	
LINE NUMBER: ___	

(Ask 659 and 660 for each person listed in 658.)

659 For how many persons did (you/name) make support payments (not including child support/not including alimony/not including child support or alimony)?

___

660 How much did (you/name) pay for the support of (this person/these persons) during 2001?

AMOUNT: $_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER $30,000)

660_VER
Support payments reported as (amount). Is this entry correct?

(1) Yes
(2) No

____

VEHICLE OPERATING EXPENSES

670. Is there public transportation for this area?

        (1) Yes
        (2) No

       ___

671. Does anyone in the household use public transportation at least once a week?

        (1) Yes
        (2) No

       ___

672.   What type of transportation (do/does) (you/name) usually use to get to work?

(1) car, truck, van
(2) bus or street car
(3) subway or elevated
(4) railroad
(5) taxicab
(6) motorcycle
(7) bicycle
(8) other vehicle
(9) walked only
(10) works at home

       ___

673.   How much (do/does) (you/name) usually spend, per week, on transportation to and from (your/his/her) job. Do not include expenses paid or reimbursed by someone else?
       $_____

Survey Of Program Dynamics

674   At any time between January and December 2001, did (you/name) have to do any of
      the following because of transportation problems:

                                              (1)Yes (2)No
      1.   Quit a job   ____

      2.   Quit a training activity or school ____

675   At any time between January and December 2001, were (you/name) unable to do
      any of the following because of transportation problems:

                                              (1)Yes   (2)No
      1.   Unable to start or take a job   ____

      2.   Unable to start a training activity ____
                 or start school

SPD Items Booklet   Page 195   2002

EDUCATIONAL ENROLLMENT

(Questions 701-924 are asked person-by-person for all persons 15 and over, with the exception that persons 15-17 are skipped over the educational enrollment questions. Persons 15-17 will be included in the children's school enrollment questions.)

INSCHOOL

> **SECTION START: EDUCATIONAL ENROLLMENT, WORK TRAINING, ETC.**
>
> The next few questions are about school enrollment from JUNE, 2001 through MAY, 2002.
>
> At any time between June 2001 and May, 2002 (were you/was name) enrolled in school, either full or part time?
>
> READ IF NECESSARY: Include any regular school, such as elementary, high school or college; or any vocational, technical, or business school beyond high school.
>
> > (1) Yes
> > (2) No
> > (H) Help
>
> ___

INMONTH

> During which months (were/was) (you/he/she) enrolled in school?
>
> ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
> USE **"A"** for ALL, **"S"** FOR SCHOOL YEAR **"0"** to ERASE, **"N"** for NO MORE
>
> FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___
>
> FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___
>
> | ** 2001 ** | ** 2002 ** |
> |---|---|
> | __ 6 JUN | __ 13 JAN |
> | __ 7 JUL | __ 14 FEB |
> | __ 8 AUG | __ 15 MAR |
> | __ 9 SEP | __ 16 APR |
> | __ 10 OCT | __ 17 MAY |
> | __ 11 NOV | |
> | __ 12 DEC | |

WHTLEVEL

Was it a high school, college, vocational school or something else?

(1) High school
(2) College
(3) Vocational, technical, business school **beyond** high school level
(4) Something else (specify)
(H) Help

___

Specify: _____

WHTLEVLA

In what grade (were you/was name) enrolled?

(1) High school grade 9-10
(2) High school grade 11
(3) High school grade 12
(4) High school equivalency/GED program

___

WHTLEVLB

At what level (were you/was name) enrolled?

IF NECESSARY: READ CATEGORIES

(1) College year 1 (Freshman)
(2) College year 2 (Sophomore)
(3) College year 3 (Junior)
(4) College year 4 (Senior)
(5) College year 5 (first year graduate or professional school)
(6) College year 6 (second year or higher graduate or professional school)
(7) Enrolled in college, but not working towards degree

___

703C

Would you say the reason (you/name) enrolled in school was that (you/name) wanted to, that it helped meet a requirement for public assistance or other benefits, or both?

(1) Wanted to.
(2) Helped meet requirement.
(3) Both

___

MONEYAID

Did (you/name) receive any financial aid for school expenses such as tuition, fees, books, or living expenses since June 2001?

READ IF NECESSARY: Include financial assistance such as loans, grants, scholarships, employer assistance, veterans benefits, or any other type of financial aid, EXCLUDING HELP FROM PARENTS.

(1) Yes
(2) No

___

WHATAID

FLASHCARD P

During this period, from SEPTEMBER 2001 THROUGH May, 2002, what kind of educational assistance did (you/name) receive? PROBE: Anything else?

ENTER EACH TYPE MENTIONED: (H) Help
USE **"N"** for NO MORE; RE-ENTER NUMBER to UNMARK AN ENTRY

(1) Federal PELL Grant
(2) Department of Veteran's
    Affairs (VA) assistance
(3) College (or Federal)
    Work Study Program
(4) Other Federal grant
(5) State grant or
    scholarship

(6) Grant, scholarship, or tuition
    remission from the school attended
(7) Teaching or research assistantship
    from the school attended
(8) Other grant or scholarship
(9) Employer assistance
(10) Loan that has to be repaid
(11) Assistance from a welfare or
    social service office
(12) Other source (Specify below)

SPECIFY: _____

710   How much did (you/your household) pay for school-related expenses such as books, supplies, school trips, tuition, room or board between September 2001 and May 2002 for (you/name)?

$ _____

WORK TRAINING

801A

Between June 2001 and May 2002, did (you/name) attend
GED classes or receive training to prepare for GED exam, or to improve
basic reading or math skills?

    (1) Yes
    (2) No

    __

801B

Did (you/name) do that because the welfare or social service office
required it or because (you/name) chose to do it, or for BOTH reasons?

    (1) Required
    (2) Chose
    (3) Both required and chose

    __

801C

At any time between June 2001 and May 2002,
did (you/name) attend a training program to learn a specific job
skill, such as computer word processing, auto mechanics, nursing,
providing child care, or a skill for some other job or vocation?

    (1) Yes
    (2) No

    __

801D

Between June 2001 and May 2002 did (you/name) receive
training designed to improve job skills or learn a new job?

    (1) Yes
    (2) No

    __

804

Did (you/name) do that because the welfare or social service office required it or because you chose to do it, or BOTH reasons?

(1) Required
(2) Wanted to
(3) Both

___

805

What types of training were provided?

(1) Classroom training in job skills
(2) On the job training
(3) Work experience
(4) Other

___   ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

806

How long did the most recent training program take?

(1) Less than 1 full day
(2) 1 day to 1 week
(3) More than 1 week
(4) Currently in training

___

807

How long is this training expected to take?

(1) Less than 1 full day
(2) 1 day to 1 week
(3) More than 1 week

___

810

Between June 2001 and May 2002, did (you/name) receive
any help in looking for a job such as job search training, a job club
or a placement service?

> (1) Yes
> (2) No

> __

810A

Between June 2001 and May 2002, did (you/name) attend job
readiness training to learn more about resume writing,
job interviewing or building self esteem?

> (1) Yes
> (2) No

> __

813

(Did (you/name) do that/Did (you/name) participate in job
search training or placement service) because the welfare or
social service office required it or because (you/he/she) chose
to do it, or for BOTH reasons?

> (1) Required
> (2) Wanted to
> (3) Both

> __

815

Between January 2001 and May 2002, did (you/name) participate in a work
experience program, such as a community service job in order to receive cash
assistance?

> (1) Yes
> (2) No

> __

816

Did the (job readiness or job search training/participation in a work experience program/job readiness, job search training or participation in a work experience program) help you find a job between June 2001 and May 2002??

(1) Yes
(2) No

___

817

Which was it that helped?

(1) Job readiness or job search training
(2) Work in an unpaid job
(3) Both

___

SUBSTANCE ABUSE

850   The next questions are about how frequently (you/name) drink alcoholic beverages. By a "drink" we mean a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

With these definitions in mind, what is the LARGEST number of drinks (you/name) had in any SINGLE day during the past 12 months--none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

IF RESPONDENT VOLUNTEERS ("I NEVER DRINK" /"(HE/SHE) NEVER DRINKS") MARK "NONE"

(1) None
(2) 1-3
(3) 4-10,
(4) 11-20
(5) More than 20

___

851a   FR NOTE: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.

In the past 12 months, was there ever a time when (your/name's) drinking or being hung over interfered with (your/his/her) work at school, or a job, or at home?

(1) Yes
(2) No
(3) casual/social drinker (VOLUNTEERED)

___

851b   FLASHCARD Q1

How often--once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

(refer to: (your/name's) drinking or being hung over interfered with (your/his/her) work at school, or a job, or at home)

(1) Once or Twice
(2) Between 3 and 5 times
(3) Between 6 and 10 times
(4) Between 11 and 20 times
(5) More than 20 times

___

DO NOT ASK THESE QUESTIONS OF PROXIES

852a

During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

(1) Yes
(2) No
(3) casual/social drinker (VOLUNTEERED)

___

852b

During the past 12 months, did you have any emotional or psychological problems from using alcohol--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

(1) Yes
(2) No
(3) casual/social drinker (VOLUNTEERED)

___

852c

During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

(1) Yes
(2) No
(3) casual/social drinker (VOLUNTEERED)

___

852d

During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

(1) Yes
(2) No
(3) casual/social drinker (VOLUNTEERED)

___

852e

During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

(1) Yes
(2) No
(3) casual/social drinker (VOLUNTEERED)

___

852f **FLASHCARD Q1**
How often--once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

(refer: did you ever have more to drink than you intended to, or did you drink much longer than you intended to)

(1) Once or Twice
(2) Between 3 and 5 times
(3) Between 6 and 10 times
(4) Between 11 and 20 times
(5) More than 20 times

___

853

During the past 12 months, was there ever a time when you had to drink much more than you used to in order to get the same effect you wanted?

(1) Yes
(2) No

___

855a **FLASHCARD Q2**
The next questions are about (your/name's) use of drugs on (your/his/her) own. By "on (your/his/her) own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed.

With this definition in mind, did (you/name) ever use any of the following drugs ON (YOUR/HIS/HER) OWN during the past 12 months?

sedatives, including either barbiturates or sleeping pills on (your/his/her) own? (e.g. Seconal, Halcion, Methaqualone)

(1) Yes
(2) No

___

855b

During the past 12 months, did (you/name) use tranquilizers or "nerve pills" on (your/his/her) own? (e.g. Librium, Valium, Ativan, Meprobamate, Xanax)

(1) Yes
(2) No

___

855c

        During the past 12 months, did (you/name) use amphetamines or other stimulants
        on (your/his/her) own? (e.g. Methamphetamine, Preludin, Dexedrine, Ritalin,
        "Speed")

                (1) Yes
                (2) No

                ___

855d

        During the past 12 months, did (you/name) use
        analgesics or other prescription painkillers on (your/his/her) own?
        (NOTE: this does not include normal use of aspirin, tylenol without codeine, etc,
        but <u>does</u> include use of tylenol with codeine and other Prescription painkillers like
        Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone)

        IF NECESSARY, CLARIFY: "BY' ON (YOUR/HIS/HER) OWN' WE MEAN
        EITHER WITHOUT A DOCTOR'S PRESCRIPTION, IN LARGER AMOUNTS
        THAN PRESCRIBED, OR FOR A LONGER PERIOD THAN PRESCRIBED."

                (1) Yes
                (2) No

                ___

855e

        During the past 12 months, did (you/name) use
        inhalants that (you/name) sniff or breathe to get high or to feel good? (e.g.
        Amylnitrate, Freon, Nitrous Oxide ("Whippets"), Gasoline, Spray paint)

                (1) Yes
                (2) No

                ___

855f

        During the past 12 months, did (you/name) use
        marijuana or hashish?

                (1) Yes
                (2) No

                ___

855g

During the past 12 months, did (you/name) use
cocaine or crack or free base?

       (1) Yes
       (2) No

       ___

855h

During the past 12 months, did (you/name) use
LSD or other hallucinogens (e.g. PCP, angel dust,
peyote, ecstasy (MDMA), mescaline)

       (1) Yes
       (2) No

       ___

855i

During the past 12 months, did (you/name) use heroin?

       (1) Yes
       (2) No

       ___

856a

FR NOTE: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ
SLOWLY.

In the past 12 months, did (your/name's) use of (DRUG/any of these substances)
ever interfere with your work at school, or a job, or at home?

       (1) Yes
       (2) No

       ___

856b **FLASHCARD Q1**

How often--once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or
more than 20 times in the past year?

    (1) Once or Twice
    (2) Between 3 and 5 times
    (3) Between 6 and 10 times
    (4) Between 11 and 20 times
    (5) More than 20 times

    ___

DO NOT ASK THESE QUESTIONS OF PROXIES

857a
> During the past 12 months, were you ever under the influence of (name of drug mentioned in 855 series/any of these substances) in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else?
>
> > (1) Yes
> > (2) No
>
> > ___

857b
> During the past 12 months, did you have any emotional or psychological problems from using (name of drug mentioned in 855 series/any of these substances) -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?
>
> > (1) Yes
> > (2) No
>
> > ___

857c
> During the past 12 months, did you have such a strong desire or urge to use (name of drug mentioned in 855 series/any of these substances) that you could not keep from using it?
>
> > (1) Yes
> > (2) No
>
> > ___

857d
> During the past 12 months, did you have a period of a month or more when you spent a great deal of time using (name of drug mentioned in 855 series/any of these substances) or getting over (its/their) effects?
>
> > (1) Yes
> > (2) No
>
> > ___

857e
> During the past 12 months, did you ever use much larger amounts of (name of drug mentioned in 855 series/any of these substances) than you intended to or did you use (it/them) for a longer period of time than you intended to?
>
> > (1) Yes
> > (2) No
>
> > ___

857f **FLASHCARD Q1**

How often -- once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

(1) Once or Twice
(2) Between 3 and 5 times
(3) Between 6 and 10 times
(4) Between 11 and 20 times
(5) More than 20 times

___

858

During the past 12 months, was there ever a time when you had to use more (name of drug mentioned in 855 series/of any of these substances) than you used to to get the same effect you wanted?

(1) Yes
(2) No

___

FUNCTIONAL LIMITATION AND DISABILITY

NHLTH

These next few questions are about (your/name's) health.

Would you say that (your/his/her) health in general is excellent, very good, good, fair, or poor?

(1) Excellent
(2) Very good
(3) Good
(4) Fair
(5) Poor

___

LMTSCHL

Because of a physical, learning, or mental health condition, (do/does) (you/name) currently have any limitation in (your/his/her) ability to do regular school work?

(1) Yes
(2) No
(H) Help

___

SPECED

During the past 12 months, that is, since (MONTH), 2001, did (you/name) receive any special education services?

(1) Yes
(2) No
(H) Help

___

DIFSEE

(Do/Does) (you/name) have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses?

(1) Yes
(2) No

___

SEEWORDS

(Are you/Is name) able to see the words and letters in ordinary
newspaper print at all?

    (1) Yes
    (2) No

    ___

SPECAIDS

(Do/Does) (you/name) use any special aids such as a cane, wheelchair, or a hearing
aid?

    (1) Yes
    (2) No
    (H) Help

    ___

TYPEAID

Which type of aid (do/does) (you/name) use?
Probe: Anything else?

ENTER NUMBER TO SELECT OR DESELECT
ENTER (N) WHEN DONE

    ___   (1) Cane
    ___   (2) Wheelchair
    ___   (3) Walker
    ___   (4) Crutches
    ___   (5) Leg brace
    ___   (6) Hearing aid
    ___   (7) Other

DIFHEAR

(Do/Does) (you/name) have any difficulty hearing what is said in a normal
conversation with another person (even using a hearing aid if (you/he/she) usually
(wear/wears) one)?

    (1) Yes
    (2) No

    ___

HEARNORM

(Is/Are) (you/name) able to hear what is said in a normal conversation with another person at all?

(1) Yes
(2) No

___

DIFLIFT

(Do/Does) (you/name) have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries?

(1) Yes
(2) No

___

ABLELIFT

(Are you/Is name) able to lift and carry this much weight at all?

(1) Yes
(2) No

___

DIFWALK

(Do/Does) (you/name) have any difficulty walking a quarter of a mile -- about 3 city blocks?

(1) Yes
(2) No

___

WALKALL

(Are you/Is name) able to walk a quarter of a mile at all?

(1) Yes
(2) No

___

NEEDHELP

Because of a chronic condition, (do/does) (you/name) need help of another person with any of the following activities:

(1) Yes   (3) Usually
(2) No   (4) Occasionally
(H) Help

___   Getting in or out of a bed OR a chair?

                PROBE: Is that usually or occasionally?   ___

___   Taking a bath OR a shower?

                PROBE: Is that usually or occasionally?   ___

___   Doing household chores such as preparing
                meals, ORwashing dishes, OR
                sweeping the floor?

                PROBE: Is that usually or occasionally?   ___

___   Going outside the home to shop or visit
                the doctor's office?

                PROBE: Is that usually or occasionally?   ___

SKIP_HEALTH

Do you want to skip (name) at this time?

(1) Yes, continue
(2) No, back to previous item

__

HEALTH CARE UTILIZATION

HOSPPAT

(Last year, that is, between/Between) January 2001 and December 2001, (were you/was name) admitted to a hospital for an overnight stay or longer?

(1) Yes
(2) No

___

PSYCH

Between January 2001 and December 2001, (were you/was name) admitted to a psychiatric hospital or a psychiatric unit of a hospital?

(1) Yes
(2) No

___

TIMEHOSP

How many different times (were you/was name) admitted to a (medical/psychiatric/medical or psychiatric) hospital for an overnight stay or longer between January 2001 and December 2001?

NUMBER OF TIMES:____

REASHOSP

What was the reason for (your/name's) (last) overnight hospital stay in 2001?

ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

(H) Help

__ (1) Give birth, including cesarean section
__ (2) Operation or surgery
__ (3) Diagnostic tests to determine what was wrong
__ (4) Mental or emotional problem or disorder
__ (5) Treatment or therapy, not including surgery
__ (6) Any other reasons.

SPECIFY: _____

NGHTHOSP

How many total nights did (you/name) spend in a (medical/psychiatric/medical or psychiatric) hospital between January 2001 and December 2001?

NUMBER OF NIGHTS:_____

NODRVIST

(Excluding hospital stays, how/How) many times did (you/name) see or talk to a medical doctor or assistant about (your/his/her) health between January 2001 and December 2001?

NUMBER OF TIMES: ___

NODTVIST

How many visits did (you/name) make to a dentist, including orthodontists, oral surgeons, and dental hygienists between January 2001 and December 2001?

NUMBER OF VISITS: ___

VISTPLAC

Is there a place that (you/name) (go/goes) if (you/he/she) (are/is) sick or need(s) advice about (your/his/her) health?

(1) Yes
(2) No
(H) Help

___

PLACTYPE

What kind of place is it- a clinic, a doctor's office, an emergency room, outpatient department or some other place?

READ RESPONSE CATEGORIES

(1) Clinic or health center
(2) Doctor's office (or HMO)
(3) Hospital emergency room
(4) Hospital outpatient department
(5) Some other place (Specify)
(H) Help

___

Specify:_____

PAYDREXP

>The next questions are about medical expenses last month, that is, (month) 2002. Did you or anyone in this household pay any expenses for doctor, dentist, or hospital bills for (yourself/name) last month?
>
>DO NOT INCLUDE PRESCRIPTION MEDICINES, PAYMENTS FOR INSURANCE PREMIUMS, OR EXPENSES THAT WILL BE REIMBURSED BY INSURANCE COMPANIES.
>
>NOTE: "PAY" REFERS TO "OUT-OF-POCKET" EXPENSES.
>
>(1) Yes
>(2) No
>
>___

WHATPAY

>Not counting amounts that will be reimbursed by insurance, how much was paid for (your/name's) doctor, dentist, or hospital bills last month?
>
>$ ___

REDFRPAY

>Did (you/name) receive any of these doctor, dentist, or hospital bills at a reduced rate or for free because (your/his/her) income was low?
>
>(1) Yes
>(2) No
>
>___

PAYRX

>Did you (or anyone in this household) pay any expenses for prescription medicines for (yourself/name) last month?
>
>(1) Yes
>(2) No
>
>___

WHTPARX

>Not counting amounts that will be reimbursed by insurance, how much was paid for (your/name's) prescription medicines last month?
>
>$_____.00

REDFRERX

>Did (you/name) receive any of these prescription medicines at a reduced rate or for free because (your/his/her) income was low?
>
>(1) Yes
>(2) No
>
>___

HEALTH INSURANCE

950 **FLASHCARD R**

This is a list of different types of health insurance coverage. Which type of health insurance, if any, (were you/was name) covered by at any time between January and December 2001?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE" ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

IF NECESSARY: READ RESPONSE CATEGORIES

__ 1. Employer-Provided Plan
__ 2. Union-Provided Plan
__ 3. A plan purchased directly from an insurance company not related to current
        or past employer (including "Medigap")
__ 4. (fill Medicaid)
__ 5. Children's Health Insurance Program (CHIP)
__ 6. Medicare, or another health plan paid for by Medicare
__ 7. TRICARE/CHAMPUS/CHAMPVA or military health
__ 8. Indian Health Service
__ 9. (State plan)
__ 10.   Another government program
__ 11. A plan of someone not living in this household
__ 12. Not covered by any kind of health insurance for the entire year

951A

(were you/was name) the policyholder or a dependent of the
employer provided plan?

        (1) Policyholder
        (2) Dependent

          __

951B	LN NAME AGE
Which person in this household was the policyholder of (your/name's) plan during 2001? ENTER LINE NUMBER ___ (X) Someone outside of household	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

951C

(Were you/Was name) the policyholder or a dependent of the
union provided plan?

(1) Policyholder
(2) Dependent

___

951D	LN NAME AGE
Which person in this household was the policyholder of (your/name's) union-provided plan during 2001? ENTER LINE NUMBER ___ (X) Someone outside of household	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

951E

(Were you/Was name) the policyholder or a dependent of the plan purchased
directly from the insurance company?

(1) Policyholder
(2) Dependent

___

951F	LN NAME AGE
Which person in this household was the policyholder of (your/name's) plan during 2001? ENTER LINE NUMBER ___ (X) Someone outside of household	-- **SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER**

952

Did (your/name's) employer pay for all, part, or none of the cost
of the employer provided plan during 2001?

(1) All
(2) Part
(3) None

___

953A

Between January and December 2001, about how much did (policyholder name) pay for health insurance?

$_____ $0-99,999

953B

READ IF NECESSARY:
Was that weekly, bi-weekly, twice a month, monthly, quarterly, or annually?

(1) Weekly
(2) Biweekly
(3) Twice monthly
(4) Monthly
(5) Quarterly
(6) Annually

___

954A

(Were you/Was name) covered by an employer's plan for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

954B

Which months (were you/was name) covered by an employer's plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

955

(Are you/Is name) CURRENTLY covered by an employer's plan?

(1) Yes
(2) No

___

956

Did the union pay for all, part, or none of the cost of (your/name's) union-provided plan during 2001?

(1) All
(2) Part
(3) None

___

957a

Between January and December 2001, about how much did (you/name) pay for health insurance?

$_____ $0-99,999

957b

READ IF NECESSARY:
Was that weekly, bi-weekly, twice a month, monthly, quarterly, or annually?

(1) Weekly
(2) Biweekly
(3) Twice monthly
(4) Monthly
(5) Quarterly
(6) Annually

___

958A

(Were you/Was name) covered by a union-provided plan for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

958B

Which months (were you/was name) covered by a union-provided plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

959

(Are you/Is name) CURRENTLY covered by a union-provided plan?

(1) Yes
(2) No

___

960a

Between January and December 2001, about how much did (you/name) pay for health insurance purchased directly from an insurance company?

$_____ $0-99,999

960b

READ IF NECESSARY:
Was that weekly, bi-weekly, twice a month, monthly, quarterly, or annually?

(1) Weekly
(2) Biweekly
(3) Twice monthly
(4) Monthly
(5) Quarterly
(6) Annually

___

961A

(Were you/Was name) covered by this plan for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

961B

Which months (were you/was name) covered by a plan purchased directly from an insurance company in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

962

(Are you/Is name) CURRENTLY covered by an health plan purchased directly from an insurance company?

(1) Yes
(2) No

___

963A

(Were you/Was name) covered by Medicaid or (fill state plan name) for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

963B

Which months were (you/name) covered by Medicaid or (state plan name) in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

   ___1 JAN   ___7 JUL
   ___2 FEB   ___8 AUG
   ___3 MAR   ___9 SEP
   ___4 APR   ___10 OCT
   ___5 MAY   ___11 NOV
   ___6 JUN   ___12 DEC

964

(Are you/Is name) CURRENTLY covered by Medicaid (or state plan)?

(1) Yes
(2) No

___

964A

(Were you/Was name) covered by CHIP or (fill state plan name) for all of 2001 or for only part of 2002?

(1)All year
(2) Part of year

___

964B

Which months were (you/name) covered by CHIP or (state plan name) in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

   ___1 JAN   ___7 JUL
   ___2 FEB   ___8 AUG
   ___3 MAR   9 SEP
   ___4 APR   ___10 OCT
   ___5 MAY   ___11 NOV
   ___6 JUN   ___12 DEC

964C

(Are you/Is name) CURRENTLY covered by CHIP (or state plan)?

(1) Yes
(2) No

___

965A

(Were you/Was name) covered by Medicare for all of 2001 or for
only part of 2001?

(1) All year
(2) Part of year

___

965B

Which months (were you/was name) covered by Medicare in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
"0" to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

966

(Are you/Is name) CURRENTLY covered by Medicare?

(1) Yes
(2) No

___

967A

(Were you/Was name) covered by TRICARE/CHAMPUS/CHAMPVA or military health for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

967B

Which months (were you/was name) covered by this plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

968

(Are you/Is name) CURRENTLY covered by TRICARE/CHAMPUS/CHAMPVA or military health?

(1) Yes
(2) No

___

969A

(Were you/Was name) covered by Indian Health Service for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

969B

Which months (were you/was name) covered by this plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

970

(Are you/Is name) CURRENTLY covered by Indian Health Service?

(1) Yes
(2) No

___

971A

(Were you/Was name) covered by (state plan) for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

971B

Which months (were you/was name) covered by this plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN   ___7 JUL
___2 FEB   ___8 AUG
___3 MAR   ___9 SEP
___4 APR   ___10 OCT
___5 MAY   ___11 NOV
___6 JUN   ___12 DEC

971C

(Are you/Is name) CURRENTLY covered by (STATE PLAN)?

(1) Yes
(2) No

___

971D

(Were you/Was name) covered by a government plan other than (plan already mentioned) for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

971E

Which months (were you/was name) covered by this plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN	___7 JUL	
___2 FEB	___8 AUG	
___3 MAR	___9 SEP	
___4 APR	___10 OCT	
___5 MAY	___11 NOV	
___6 JUN	___12 DEC	

972

(Are you/Is name) CURRENTLY covered by a government health plan other than Medicaid?

(1) Yes
(2) No

___

973A

(Were you/Was name) covered by a plan provided by someone not in the household for all of 2001 or for only part of 2001?

(1) All year
(2) Part of year

___

973B

Which months (were you/was name) covered by this plan in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN		___7 JUL	
___2 FEB		___8 AUG	
___3 MAR		___9 SEP	
___4 APR		___10 OCT	
___5 MAY		___11 NOV	
___6 JUN		___12 DEC	

974

(Are you/Is name) CURRENTLY covered by a plan provided by someone outside
the household?

(1) Yes
(2) No

___

---

976   **FLASHCARD S**

Which answer on this card best describes the reason why (you/name)
(weren't/wasn't) covered by health insurance in 2001?

IF NECESSARY: READ RESPONSE CATEGORIES

(1) Too expensive; can't afford health insurance.
(2) No health insurance offered by employer of self, spouse, or parent
(3) Not working at a job long enough to qualify
(4) Job layoff, job loss, or any reason related to unemployment
(5) Not eligible because working part time or temporary job
(6) Can't obtain insurance because of poor health, illness, age, or pre-existing
    condition
(7) Dissatisfied with previous insurance OR don't believe in insurance
(8) Have been healthy; not much sickness in family; haven't needed health
    insurance
(9) Able to go to VA or military hospital for medical care
(10) Covered by some other health plan, such as Medicaid
(11) No longer covered by parents' policy
(12) Other

___

977

(Do you/Does name) CURRENTLY have any type of health insurance?

(1) Yes
(2) No

___

978 **FLASHCARD R**
What type of insurance (are you/is name) currently covered by?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE" ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

IF NECESSARY: READ RESPONSE CATEGORIES

__ (1) Employer-Provided Plan
__ (2) Union-Provided Plan
__ (3) A plan purchased directly from an insurance company not related to current or past employer (including "Medigap")
__ (4) (fill Medicaid)
__ (5) Children's Health Insurance Program (CHIP)
__ (6) Medicare, or another health plan paid for by Medicare
__ (7) TRICARE/CHAMPUS/CHAMPVA or military health
__ (8) Indian Health Service
__ (9) (State plan)
__ (10) Another government program
__ (11) A plan of someone not living in this household
__ (12) Not covered by any kind of health insurance for the entire year

HEALTH CARE UTILIZATION WHILE UNINSURED

980

I have recorded that (you/name) did not have health insurance for (number of uninsured months) months of 2001. Is that correct?

    (1) Yes
    (2) No, insured for the whole year.
    (3) No, insured for a different number of months.

      ___

981

The next set of questions deal with when (you were/name was) uninsured. Did (you/name) go to a doctor, nurse, or other health care provider at all while not insured in 2001?

    (1) Yes
    (2) No

      ___

982

Did (you/name) receive treatment for an illness or injury while uninsured in 2001?

    (1) Yes
    (2) No

      ___

983

Did (you/name) receive any routine or preventive care, such as a checkup, (prenatal care,) immunizations, or family planning while uninsured in 2001?

    (1) Yes
    (2) No

      ___

984

Did (you/name) receive treatment for a drug or alcohol problem while uninsured in 2001?

    (1) Yes
    (2) No

      ___

985

Where did (you/name) go to get those health care services?
MARK ALL THAT APPLY. ENTER "N" WHEN NO MORE ___

___   (1) Clinic, or Public Health Department
___   (2) Emergency room
___   (3) Doctor's office or an office at the hospital
___   (4) Someplace else

986

Were these services free, or did (you/name) have to pay for them?

(1) Free
(2) Paid
(3) Both, some free, some paid for

___

987.   Do you think (you/name) paid the full price for these services or do you think
(you/name) paid a reduced price?

(1) Full price
(2) Reduced price
(3) Both

___

988

Did someone at the (location) ask what your income was before the cost of the
services was determined?

(1) Yes
(2) No
(3) Sometimes

___

FOOD EXPENDITURES

990a   These next questions are about the food eaten in your household in the last 12 months, since (current month) 2001, and whether you were able to afford the food you need.

Thinking about all the places (you shop/your household shops) for food – for example, the supermarket, warehouse clubs, convenience stores, bakeries, produce stands – about how much does your household usually spend per week on groceries? Please include any purchases made with food stamps.

ENTER "X" IF RANGE GIVEN $_____   (ENTER RANGE $___ to $___)

READ IF NECESSARY: Is that per week, every two weeks or every month?

     (1) week
     (2) every two weeks
     (3) every month

     _____

991   How much of the ($ amount/$ amount to $ amount) was for non-food items, such as pet food, paper products, detergents, or cleaning supplies?

ENTER "X" IF RANGE GIVEN $_____   (ENTER RANGE $___ to $___)

992a   About how much (do you/does your household) usually spend for meals or snacks at restaurants, fast food places, cafeterias, and vending machines? Please provide either a weekly or monthly amount.

ENTER "X" IF RANGE GIVEN $_____   (ENTER RANGE $___ to $___)

Is that per week or per month?

     (1) week
     (2) month

     ___

FOOD SECURITY

1000 **FLASHCARD T**

Which of these statements best describes the food eaten in your household in the last 12 months:

IF NECESSARY: READ CATEGORIES

(1) (I/We) have enough to eat and the kinds of food (I/we) want
(2) (I/We) have enough to eat but not always the kinds of food (I/we) want
(3) Sometimes (I/we) don't have enough to eat, or
(4) Often (I/we) don't have enough to eat
(H) Help

___

1001 Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat.

READ LIST   (H) help

Not enough money for food	(1) Yes	(2) No	__
Too hard to get to the store	(1) Yes	(2) No	__
Not able to cook or eat because of health problems	(1) Yes	(2) No	__
No working stove or refrigerator	(1) Yes	(2) No	__

1003. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/your household) in the last 12 months.

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

(1) Often true
(2) Sometimes true
(3) Never true

___

1004   "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

      (1) Often true
      (2) Sometimes true
      (3) Never true

      ___

1005   "(I/we) couldn't afford to eat balanced meals."   Was that often, sometimes, or never true for (you/your household) in the last 12 months?

      (1) Often true
      (2) Sometimes true
      (3) Never true

      ___

1007   "(I/we) relied on only a few kinds of low-cost food to feed (name/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household)in the last 12 months?

      (1) Often true
      (2) Sometimes true
      (3) Never true

      ___

1008   "(I/We) couldn't feed (name/the children) a balanced meal, because (I/we)couldn't afford that."   Was that often, sometimes, or never true for (you/your household)in the last 12 months?

      (1) Often true
      (2) Sometimes true
      (3) Never true

      ___

1009   "(Name was/The children were) not eating enough because (I/we) just couldn't afford enough food."   Was that often, sometimes, or never true for(you/your household) in the last 12 months?

      (1) Often true
      (2) Sometimes true
      (3) Never true

      ___

1010   In the last 12 months, since (CURRENT MONTH) 2001 did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

(1) Yes
(2) No
(H) Help

___

1011   How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

(1) Almost every month
(2) Some months but not every month
(3) Only 1 or 2 months

___

1012   In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

(1) Yes
(2) No

___

1013   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

(1) Yes
(2) No

___

1014   In the last 12 months, did you lose weight because you didn't have enough money for food?

(1) Yes
(2) No

___

1015   In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

(1) Yes
(2) No

___

1016 How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

    (1) Almost every month
    (2) Some months but not every month
    (3) Only 1 or 2 months

    ___

1018 The next questions are about children living in the household who are under 18 years old.

    In the last 12 months, since (CURRENT MONTH) 2001, did you ever cut the size of (child's first name/any of the children's) meals because there wasn't enough money for food?

    (1) Yes
    (2) No

    ___

1019 In the last 12 months, did (child's first name/any of the children) ever skip a meal because there wasn't enough money for food?

    (1) Yes
    (2) No

    ___

1020 How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

    (1) Almost every month
    (2) Some months but not every month
    (3) Only 1 or 2 months

    ___

1021 In the last 12 months, (was child's first name/were any of the children) ever hungry but you just couldn't afford more food?

    (1) Yes
    (2) No

    ___

1022   In the last 12 months, did (child's first name/any of the children) ever not eat for a whole day because there wasn't enough money for food?

     (1) Yes
     (2) No
     (H) Help

     ___

1023   In the last 12 months did (you/you or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?

     (1) Yes
     (2) No

     ___

1024   How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

     (1) Almost every month
     (2) Some months but not every month
     (3) Only 1 or 2 months

     ___

1025   In the last 12 months, did (you/you or other adults in your household) ever eat any meals at a soup kitchen?

     (1) Yes
     (2) No

     ___

CHILD-RELATED QUESTIONS

(Ask questions about children under 18 first. Then ask appropriate questions about children 18-20 years old.)

PICK_SUBJECT

> FR: WHICH OF THE DESIGNATED PARENTS(OR SPOUSE) IN THIS HOUSEHOLD DO YOU WANT TO INTERVIEW? (ENTER LINE NUMBER OR "N" FOR NO MORE)
>
> LINE NO: __

PICK_RESP

Is (name) available to answer a few questions now?

> (1) Yes
> (2) No
>
> __

EXP

> FR: Since the designated person is not available, you can either back up and pick another person, or skip to the next section of the questionnaire at this time.
>
> If you skip ahead, you can return to the "Pick Subject" screen at any time, by going to the jump menu (press F4), and entering the number for "Pick Subject."
>
> (1) Go back to "Pick Subject" screen
> (2) Skip to next section of questionnaire
>
> _____

CHILDREN'S SCHOOL ENROLLMENT

PRESCHOL
>At any time between June 2001 and May, 2002 was (name) enrolled in preschool?

>INCLUDE PRE-KINDERGARTEN AS WELL AS PRESCHOOL.

>(1) Yes
>(2) No

>___

PREMONTH
>Since June 2001, which months was (name) enrolled in preschool?

>ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
>USE **"A"** for ALL; USE **"0"** to ERASE; USE **"N"** for NO MORE

>   ** 2001 **   ** 2002 **
>   __ 6 JUN   __ 13 JAN
>   __ 7 JUL   __ 14 FEB
>   __ 8 AUG   __ 15 MAR
>   __ 9 SEP   __ 16 APR
>   __ 10 OCT   __ 17 MAY
>   __ 11 NOV
>   __ 12 DEC

>FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

>FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

>___

HEADSTRT

>Was this a Head Start program?

>(1) Yes
>(2) No

>___

PREPAFOR

>Did (you/designated parent or guardian name) pay for (name's) preschool?

>(1) Yes
>(2) No

>___

PREHRSWK

How many hours did (name) usually attend (Head Start/preschool) each week?

(1-60)
(H) Help

___

REGSCHOL

At any time between June 2001 and May, 2002 was (name) (also) enrolled in school (or kindergarten)?

INCLUDE KINDERGARTEN, AS WELL AS GRADES 1 TO 12

(1) Yes
(2) No
(H) Help

___

REGMONTH

Since June 2001, which months was (name) enrolled in school (or kindergarten)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL; USE **"0"** to ERASE; USE **"N"** for NO MORE

** 2001 **	** 2002 **
__ 6 JUN	__ 13 JAN
__ 7 JUL	__ 14 FEB
__ 8 AUG	__ 15 MAR
__ 9 SEP	__ 16 APR
__ 10 OCT	__ 17 MAY
__ 11 NOV	
__ 12 DEC	

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

WHTGRADE

In what grade was (child name) enrolled in (month) (2001/2002)?

(K) Kindergarten	(07) Seventh grade
(01) First grade	(08) Eighth grade
(02) Second grade	(09) Ninth grade
(03) Third grade	(10) Tenth grade
(04) Fourth grade	(11) Eleventh grade
(05) Fifth grade	(12) Twelfth grade
(06) Sixth grade	(P) Post-secondary (Specify type
(H) Help	and level)

Specify type and level: _____

LSTMONYR

In which month and year was (name) LAST enrolled in school?

ENTER MONTH AS "01" (JANUARY) THROUGH "12" (DECEMBER)
ENTER YEAR AS "1984" THROUGH "2002"

(XX) Never enrolled in school

MONTH: _____
YEAR: ____

LSTGRADE

In what grade was (name) last enrolled?

(K) Kindergarten	(07) Seventh grade
(01) First grade	(08) Eighth grade
(02) Second grade	(09) Ninth grade
(03) Third grade	(10) Tenth grade
(04) Fourth grade	(11) Eleventh grade
(05) Fifth grade	(12) Twelfth grade
(06) Sixth grade	(P) Post-secondary
	(H) Help

___

TYPSCHOL

Was (name) enrolled in public or private school?

(1) Public
(2) Private
(3) Other type (Specify)

___

Specify:_____

GIFTEDED

Did (name) attend classes for gifted students or do advanced work in any subjects between June, 2001 and May, 2002?

(1) Yes
(2) No
(H) Help

___

HELDBCK

Has (name) repeated any grades, or been held back for any reason?

(1) Yes
(2) No

___

GRDRPEAT

Which grade or grades did (name) repeat?
MARK ALL THAT APPLY.

ENTER K OR NUMBER FOR EACH GRADE REPEATED ENTER "N" WHEN NO MORE ___

___ (K) Kindergarten
___ (1) First grade   ___ (7) Seventh grade
___ (2) Second grade   ___ (8) Eight grade
___ (3) Third grade   ___ (9) Ninth grade
___ (4) Fourth grade   ___ (10) Tenth grade
___ (5) Fifth grade   ___ (11) Eleventh grade
___ (6) Sixth grade   ___ (12) Twelfth grade

___

EXPELLED

Has (name) ever been suspended, excluded, or expelled from school?

(1) Yes
(2) No

___

TIMESEXP

How many times did this happen?

ENTER NUMBER; IF ANSWER IS GREATER THAN 4, ENTER "4"

(1) Once
(2) Twice
(3) Three times
(4) Four or more times

___

WHICHEXP

What grade or grades was (name) in when this happened?
MARK ALL THAT APPLY.

ENTER K OR NUMBER OF GRADES. ENTER "N" WHEN
NO MORE ___

___ (K) Kindergarten
___ (1) First grade
___ (2) Second grade
___ (3) Third grade
___ (4) Fourth grade
___ (5) Fifth grade
___ (6) Sixth grade
___ (7) Seventh grade
___ (8) Eight grade
___ (9) Ninth grade
___ (10) Tenth grade
___ (11) Eleventh grade
___ (12) Twelfth grade

CHSCHOOL

Since June 2001, did (name) change schools?

(1) Yes
(2) No
___

TIMESCHG

Since June 2001 how many times did (name) change schools?

ENTER NUMBER: IF ANSWER IS GREATER THAN 4, ENTER 4

(1) Once
(2) Twice
(3) Three times
(4) Four or more times

—

WHYCHANG
    Why did (name) change schools, since June 2001?

    ENTER EACH REASON MENTIONED OR **"N"** FOR "NO MORE"
    TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

    (H) Help

        ___ (1) Child moved
        ___ (2) Academic reasons
        ___ (3) Change in assigned school
        ___ (4) Preferred to attend a different school
        ___ (5) Graduated from kindergarten to elementary school
        ___ (6) Graduated from elementary to middle school
        ___ (7) Graduated from middle school to high school
        ___ (8) Other

            Specify: _____

1122   How much did (you/your household) pay for school-related expenses such as books, supplies, school trips, tuition, room or board between June 2001 and May 2002 for (name)?

    AMOUNT: $ _____

ENRICHMENT ACTIVITIES

SPORTS

The next few questions are about activities that (child) may have participated in.

Between September, 2001 and April, 2002 was (name) on a sports team either in or out of school?

(1) Yes
(2) No

___

SPMNTH

In what months did (name) participate in these activities between September, 2001 and April, 2002?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL; USE **"0"** to ERASE; USE **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

** 2001 **		** 2002 **	
___	9 SEP	___	13 JAN
___	10 OCT	___	14 FEB
___	11 NOV	___	15 MAR
___	12 DEC	___	16 APR

SPTIMES

In the months when (name) was participating in these activities, was this once or twice a month, once or twice a week, or several times a week?

(1) Once or twice a month
(2) About once or twice a week
(3) Several times a week

__

LESSONS

Did (name) take lessons after school or on weekends in subjects such as music, dance, language, or computers between September, 2001 and April, 2002?

(1) Yes
(2) No

___

LESMNTH

In what months did (name) participate in these activities between September, 2001 and April, 2002?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL; USE **"0"** to ERASE; USE **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

```
        ** 2001 **              ** 2002 **
        ___  9  SEP             ___ 13  JAN
        ___ 10  OCT             ___ 14  FEB
        ___ 11  NOV             ___ 15  MAR
        ___ 12  DEC             ___ 16  APR
```

LESTIMES

In the months when (name) was participating in these activities, was this once or twice a month, once or twice a week, or several times a week?

(1) Once or twice a month
(2) About once or twice a week
(3) Several times a week

___

OTHERACT

Did (name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or (Girls/Boys) club between September, 2001 and April, 2002?

(1) Yes
(2) No

___

OTHMNTH

In what months did (name) participate in these activities between September, 2001 and April, 2002?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"A"** for ALL; USE **"0"** to ERASE; USE **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

** 2001 **		** 2002 **	
___ 9	SEP	___ 13	JAN
___ 10	OCT	___ 14	FEB
___ 11	NOV	___ 15	MAR
___ 12	DEC	___ 16	APR

OTHTIMES

In the months when (name) was participating in these activities, was this once or twice a month, once or twice a week, or several times a week?

(1) Once or twice a month
(2) About once or twice a week
(3) Several times a week

___

TVRULES

The next few questions are about television viewing.
Are there TV rules for (name) about what television programs (he/she) can watch?

(1) Yes
(2) No
(X) Family has no television

___

TVHOURS

Including weekends, how many hours per week does (name) usually watch television?

INCLUDE BOTH VIDEOS AND TV VIEWING

ENTER NUMBER OF HOURS PER WEEK FROM
"0" (DOES NOT WATCH TV) TO "99" (99 HOURS OR MORE)

(0) Does not watch TV
(1-99)

___

EDUCATTV

(Of the ((number) hours/1 hour/99 or more hours) (name) usually spends watching TV per week, how many hours does (he/she) usually spend watching educational programs?

INCLUDE BOTH VIDEOS AND TV VIEWING

(0) None
(1-99)

___

READTOCH

The next few questions are about activities you (or any family member) may do with (name).

How often in a typical week do you (or any family member) usually read stories to (name)? -- Never, once or twice a week, three to six times a week, or every day?

READ ALL RESPONSE CATEGORIES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Everyday

___

OUTINGCH

How often in a typical month do you (or any family member) take (name) on any kind of outing such as out to the park, grocery store, church, or playground--Never, once or twice a month, about once or twice a week, several times a week, or every day or almost every day?

(1) Never
(2) Once or twice a month
(3) About once or twice a week
(4) Several times a week
(5) Everyday or almost everyday

___

RELIG

How often does (child) go to a religious service, a religious social event, or to religious education such as Sunday School?

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

GANG

The next few questions are about (name)'s interaction with other children and public authorities in your neighborhood.

Is (name) a member of a gang in the neighborhood that gets into trouble with the law?

(1) Yes
(2) No

___

TROGANG

Has (name) ever gotten into trouble with the law because of this gang?

(1) Yes
(2) No

___

TMSGANG

How many times has (name) gotten into trouble with the law because of this gang?

___times

OLDGANG

How old was (name) when (he/she) (first) got into trouble with the law because of this gang?

___ years

ARRGANG

Has (name) ever been arrested?
INCLUDE ANY TYPE OF OFFICER WITH ARRESTING AUTHORITY, SUCH
AS A LOCAL, STATE, OR FEDERAL POLICE OFFICER, CUSTOMS
OFFICER, PUBLIC HOUSING COP, ETC.

(1) Yes
(2) No

___

HAPGANG

Did that happen once or more than once?

(1) One time
(2) More than one time

___

DISGANG

Was the charge dismissed (the last time (name) was arrested)?

(1) Yes
(2) No

___

CREGJOB

The next few questions are about work activities your child(ren) may be involved
in.

Does (name) currently have any regular job outside the home such as delivering
newspapers, working in grocery stores or fast food chains? By regular, I mean a job
for pay that (name) is expected to do on a regular basis.

(1) Yes
(2) No

___

CDAYJOB

How many days per week does (name) work at all these activities?

IF JOB IS LESS REGULAR THAN WEEKLY ENTER "X"

___days

CHRJOB

How many hours per week in total does (name) work at these activities?

___hours per week

CMONJOB

How many days per month does (name) work at all these activities?

IF JOB IS LESS REGULAR THAN WEEKLY ENTER "0"

___days

VER_CHJ

You said that (name) works (Number in 1136B) hours a week, is that correct?

(1) Yes
(2) No

___

CHILDREN'S DISABILITY

CHLDHLTH

These next few questions are about (name's) health. Would you say (his/her) health in general is excellent, very good, good, fair, or poor?

(1) Excellent
(2) Very good
(3) Good
(4) Fair
(5) Poor

___

HASDISAB

Have you ever been told by a health professional that (name) has a developmental or learning disability?

(1) Yes
(2) No
(H) Help

___

HLTHCON6

Does (name) have a health condition that makes it difficult to do things appropriate for (his/her) age?

(1) Yes
(2) No

___

HLTHCOND

Because of a physical, learning, or mental health condition, does (name) currently have any limitation in (his/her) ability to do regular school work?

(1) Yes
(2) No
(H) Help

___

GETSPED

During the past 12 months, that is, since (CURRENT MONTH)2001, did (name) receive any special education services?

(1) Yes
(2) No
(H) Help

___

BEHPROB

Were you ever told by a school or health professional that (name) had an emotional or behavioral problem?

(1) Yes
(2) No
(H) Help

___

CDIFSEE

Does (name) have difficulty seeing the words and letters in ordinary newspaper print even wearing glasses or contact lenses?

(1) Yes
(2) No

___

CSEENRDS

Is (name) able to see the words and letters in ordinary newspaper print at all?

(1) Yes
(2) No

___

CSPECAID

Does (name) use any special aids such as a cane, wheelchair, or a hearing aid?

(1) Yes
(2) No
(H) Help

___

CTYPEAID
Which type of aid does (name) use?   Probe: Anything else?

ENTER NUMBER TO SELECT OR DESELECT
ENTER (N) WHEN DONE

___ (1) Cane
___ (2) Wheelchair
___ (3) Walker
___ (4) Crutches
___ (5) Leg brace
___ (6) Hearing aid
___ (7) Other

Specify: _____

CDIFHEAR

Does (name) have any difficulty hearing what is said in a normal conversation with another person (even using a hearing aid if (he/she) usually wears one)?

(1) Yes
(2) No

___

CHEARNRM

Is (name) able to hear what is said in a normal conversation at all?

(1) Yes
(2) No

___

CHILDREN'S HEALTH CARE UTILIZATION

CHOSPAT

Between January 2001 and December 2001, was (name) admitted to a hospital for an overnight stay or longer?

(1) Yes
(2) No

___

CTIMEHSP

How many different times was (name) admitted to a hospital for an overnight stay or longer last year, that is between January 2001 and December 2001?

NUMBER OF TIMES: ___

CREASHSP

What was the reason for (name's) (last) hospital overnight stay?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE"
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

(1) Birth
(2) Operation or surgery
(3) Diagnostic tests to determine what was wrong
(4) Mental or emotional problem or disorder
(5) Treatment or therapy, not including surgery
(6) Any other reasons

SPECIFY: _____

CNGHTHSP

How many total nights did (name) spend in a hospital
between January 2001 and December 2001?

NUMBER OF NIGHTS: ___

CONDRVST
(Excluding those times when (name) was in the hospital, how/How) many times did (name/he/she) see a medical doctor or assistant between January 2001 and December 2001?

NUMBER OF TIMES: ___

CNODRTLK

(Excluding this visit, how/Excluding these visits, how/How) many times
did you (or other household members) talk to a medical doctor or assistant about
(name's) health between January 2001 and December 2001?

NUMBER OF TIMES: ___

CNODTVST

Between January 2001 and December 2001, how many visits did (name) make to a
dentist, including orthodontists, oral surgeons, and dental hygienists?

NUMBER OF VISITS: ___

CVISTPLC

Is there a place that (name) goes if (he/she) is sick
or needs advice about (his/her) health?

(1) Yes
(2) No

___

CPLACTYP

What kind of place is it- a clinic, a doctor's office, an emergency room, outpatient
department or some other place?

READ RESPONSE CATEGORIES

(1) Clinic or health center
(2) Doctor's office (or HMO)
(3) Hospital emergency room
(4) Hospital outpatient department
(5) Some other place (Specify)

___

Specify: _____

CPAYDREX

The next few questions are about medical expenses last
month, that is, (MONTH) 2002.

Did you (or anyone in this household) pay any expenses for doctor, dentist, or
hospital bills for (name) last month?

DO NOT INCLUDE PRESCRIPTION MEDICINES, PAYMENTS FOR
INSURANCE PREMIUMS OR EXPENSES THAT WILL BE REIMBURSED BY
INSURANCE COMPANIES.

NOTE: "PAY" REFERS TO "OUT OF POCKET" EXPENSES.

(1) Yes
(2) No

___

CWHATPA

Not counting amounts that will be reimbursed by insurance companies, how much
was paid for (name's) doctor, dentist or hospital bills last month?

$_____ .00

CREDFRPA

Were any of these doctor, dentist, or hospital bills at a reduced
rate or for free because your household's income was low?

(1) Yes
(2) No

__

CPAYRX

Did you (or anyone in this household) pay any expenses for prescription medicines
for (name) last month?

(1) Yes
(2) No

___

CWHPARX

Not counting amounts that will be reimbursed by insurance, how much was paid for (name's) prescription medicines last month?

$_____ .00

CREDFRRX

Were any of these prescription medicines at a reduced rate or for free because your household's income was low?

(1) Yes
(2) No

___

MOTHER'S WORK SCHEDULE

DMWORK

The next few questions are about (you/mother's name/designated parent) usual work schedule and child care arrangements.

DURING April 2002, did (you/mother's name/designated parent) do any work for pay or profit?

NOTE: INCLUDE WORK DONE FOR PAY OR PROFIT AT HOME.

(1) Yes
(2) No
(H) Help

___

MOMSJOBS

DURING April 2002, did (you/mother's name/designated parent) have more than one job including part-time, evening, or weekend work?

(1) Yes
(2) No

___

MWKHRSWK

DURING April 2002, how many hours per week did (you/mother's name/designated parent) usually work (at all jobs)?

(0-99) Enter actual hours
(V) Hours varied

___ hours per week

MOMSDAYS

Which days did (you/mother's name/designated parent) usually
work at (your/his/her) MAIN job?

By MAIN job, I mean the one at which (you/he/she) worked the most hours.

(1) Regular Monday through Friday
(2) Other regular daily schedule (MARK WHICH DAYS)
(3) No usual schedule

___

CHOOSE THE NUMBER OF THE DAY OF THE WEEK MARK "N" WHEN
NO MORE.

___ (1) Monday   ___ (2) Tuesday   ___ (3) Wednesday   ___ (4) Thursday
___ (5) Friday   ___ (6)Saturday   ___ (7)Sunday

MOMSCHED   **FLASHCARD U**

Which ONE of the following best describes (your/mother's name/designated parent)
usual weekly work schedule at (your/his/her) MAIN job during April, 2002?

READ ALL RESPONSES

(1) Regular daytime schedule
(2) Regular evening shift
(3) Regular night shift
(4) Rotating shift (one that changes regularly from days to evenings to nights)
(5) Split shift (one consisting of two distinct periods each day)
(6) Irregular schedule (one that changes from day to day)
(7) Other (please SPECIFY below)

___

_____

DMLOOK   **FLASHCARD V**

READ TO RESPONDENT IF NECESSARY

DURING April 2002, did (you/mother's name/designated parent) do any of these
things to look for (a/another) job?

(1) Yes, at least one of these
(2) No, none of these
(H) Help

___

MLKHRSWK

DURING April 2002, how many hours per week did (you/mother's name/designated parent) usually spend looking for (a/another) job?

(0-99) Enter actual hours
 (V)   Hours varied (missing)

ENTER "99" IF 99 OR MORE HOURS

___   hours per week

DMSCHOOL

DURING April 2002, did (you/mother's name/designated parent) attend school?

(1) Yes
(2) No
(H) Help

___

MSCHRSWK

DURING April 2002, how many hours per week did (you/mother's name/designated parent) usually spend at school?

(0-99) Enter actual hours
 (V)   Hours varied (missing)

ENTER "99" IF 99 OR MORE HOURS

___   hours per week

DMTRAIN

DURING April 2002, did (you/mother's name/designated parent) attend job training?

(1) Yes
(2) No
(H) Help

___

MTRHRSWK

DURING April 2002, how many hours per week did (you/mother's name/designated parent) usually spend at job training?

(0-99) Enter actual hours
 (V)   Hours varied (missing)

ENTER "99" IF 99 OR MORE HOURS

___ hours per week

CHILD CARE

CC2BEGIN

The next few questions are about child care
arrangements (you/name) (use/uses) for (child) on a regular basis.

By "regular," I mean at least once a week for a month or more.

__ (PRESS ENTER)

CAREARR   **FLASHCARD W**

(In addition to school,)Please tell me which of these (you/name) used for (child) on
a regular basis between January 2001 and May, 2002

ENTER THE ITEM NUMBER TO MARK OR UNMARK EACH CHOICE. (H) Help
ENTER "N" WHEN THERE ARE NO MORE CHANGES.   __

IF NECESSARY:READ RESPONSE CATEGORIES

__ (1) Child's other parent/stepparent cared for child while (name) was at work
__ (2) (Name) cared for child while (you/he/she) (were/was) (at work)
__ (3) Child's brother or sister
__ (4) Child's grandparent
__ (5) Any other relative
__ (6) Family day care home (caring for 2+ kids in provider's home)
__ (7) A nonrelative such as a friend, neighbor, sitter or nanny
__ (8) Child care/day care center or nursery school/preschool
__ (9) Federally-funded Head Start program
__ (11) Before or after school care
__ (12) Child cares for (himself/herself)
__ (13) Any other type of arrangement (Specify below)

_____

__ (14) No regular arrangement used

(NOTE: 11-14 appear for age 6 and above only)

THE INSTRUMENT WILL CYCLE THROUGH THE NEXT SERIES OF QUESTIONS FOR EACH TYPE OF ARRANGEMENT MARKED IN CAREARR, AS APPROPRIATE. THE WORDING WILL VARY IN EACH QUESTION SERIES. THERE ARE 14 DIFFERENT VARIATIONS OF THESE QUESTIONS, BUT ALL ARE SIMILAR AND OBTAIN MUCH THE SAME TYPE OF INFORMATION. (THIS SECTION WOULD BE VERY COMPLICATED WITH MUCH DUPLICATION IF ALL ITEMS IN THIS SERIES WERE SHOWN.) THE SERIES SHOWN IN THE ITEMS BOOKLET ASSUMES THAT 5, 9, AND 14 ARE SELECTED IN CAREARR. ALSO, NOTE THE ITEM NUMBERS DO NOT MATCH THE PRECODES SELECTED IN CAREARR.

AR6MNTHS

Between January 2001 and May 2002, which months has **(child)** been cared for by an other relative?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE; USE **"A"** FOR ALL; USE **"0"** TO ERASE; USE **"N"** FOR NO MORE.

** 2001 **		** 2001 **		** 2002 **	
___	1 JAN	___	7 JUL	___	13 JAN
___	2 FEB	___	8 AUG	___	14 FEB
___	3 MAR	___	9 SEP	___	15 MAR
___	4 APR	___	10 OCT	___	16 APR
___	5 MAY	___	11 NOV	___	17 MAY
___	6 JUN	___	12 DEC		

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___
FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

AR6HRSWK

DURING April 2002, how many hours per WEEK did **(child)'s** other relative usually care for (him/her)?

(1-99) Enter actual hours
(H) Help
__ hours per week

  or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

(1) Yes
(2) No

  __

  or

Of those (number) hours per week, how many of them were while (you were/name was) at (work/school/work training/looking for work)?

(0-99) Enter actual hours
__ hours per week

RE6WHERE

> Did this relative usually care for **(child)** in (CHILD)'s home, the relative's home, or someplace else?

IF NECESSARY: Where was (child) cared for most of the time?

  (1) Child's home
  (2) Relative's home (relative doesn't live with child)
  (3) Someplace else
  (H) Help

  ___

RESP6PAY

How much, if anything, did (you/name) pay for this arrangement for April 2002?

ARRANGEMENT: other relative

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

> ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

  (H) Help

  $ _____

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

  (1) Hour   (4) Every two weeks
  (2) Day   (5) Month
  (3) Week   (6) Year

  ___

PAY6_ER

> You have said that you paid $(amount), per (time period) for care by other relatives. Is that correct?

  (1) Yes, continue
  (2) No, make a correction

  ___

ELSEPAY6

Did anyone else pay for part or all of the cost of this child
care arrangement?

IF NECESSARY: By this I mean a government agency, an employer,
a relative or friend.

(1) Yes
(2) No

__

ELSEPAY6B

Who or what agency helped pay for this arrangement?

__1 Government (Federal, state, or local government agency, or welfare office)
__2 Child's other parent (parent doesn't live with child)
__3 Employer
__4 Other (Please specify below)

(H) Help

__ ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

Specify: _____

A10MNTHS

Between January 2001 and May 2002, which months has (child) been enrolled in
Head Start?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE **"A"** FOR ALL; USE **"0"** TO ERASE; USE **"N"** FOR NO MORE.

** 2001 **		** 2001 **		** 2002 **	
___ 1	JAN	___ 7	JUL	___ 13	JAN
___ 2	FEB	___ 8	AUG	___ 14	FEB
___ 3	MAR	___ 9	SEP	___ 15	MAR
___ 4	APR	___ 10	OCT	___ 16	APR
___ 5	MAY	___ 11	NOV	___ 17	MAY
___ 6	JUN	___ 12	DEC		

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___
FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

A10HRSWK

DURING APRIL 2002, how many hours per WEEK did **(child)** usually attend Head Start?

(1-99) Enter actual hours
__ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

(1) Yes
(2) No

__

or

Of those (number) hours per week, how many of them were while (you were/name was) at (work/school/work training/looking for work)?

(0-99) Enter actual hours   (H) Help

__ hours per week

RESP10PAY

How much, if anything, did (you/name) pay for this program for April 2002?

ARRANGEMENT: Head Start

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

$ _____

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

(1) Hour   (4) Every two weeks
(2) Day   (5) Month
(3) Week   (6) Year

__

PAY10_ER

You have said that you paid $(amount), per (time period) for Head Start. Is that correct?

(1) Yes, continue
(2) No, make a correction

___

ELSEPAY10

Did anyone else pay for part or all of the cost of this program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

(1) Yes
(2) No

___

ELSEPAY10B

Who or what agency helped pay for this arrangement?

1 Government (Federal, state, or local government agency, or welfare office)
2 Child's other parent (parent doesn't live with child)
3 Employer
4 Other (Please specify below)

(H) Help

___ ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

Specify: _____

MGROUP10

Is there more than one group or room of children in that arrangement?

(1) Yes
(2) No

___

HGROUP10

How many children are usually cared for in (his/her) group, including (child)?

PROBE FOR AVERAGE IF RANGE IS GIVEN.

__ Number

AGROUP10

How many children are usually cared for in that arrangement,
including (child)?

Probe for "average" if range is given.

__ Number

PEPCARE10

What is the usual number of people caring for your child (and the other
children) in (child)'s group in that arrangement?

Probe for "average" if range is given.

__ Number

LICENS10

As far as you know, is your child care provider licensed or
regulated by the state?

(1) Yes
(2) No

__

RESP0

Sometimes it is difficult to make arrangements to look after
children all of the time, such as before or after school.
Did **(child)** stay by (himself/herself) on a regular basis even for a small amount of time?

IF NECESSARY: By regular basis, I mean at least once a week.

(1) Yes
(2) No

__

RE0MNTHS

Between January, 2001 and May, 2002, which months, if any, did **(name)** stay by (himself/herself) on a regular basis?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE; USE **"A"** FOR ALL; USE **"0"** TO ERASE; USE **"N"** FOR NO MORE.

** 2001 **	** 2001 **	** 2002 **
___ 1 JAN	___ 7 JUL	___ 13 JAN
___ 2 FEB	___ 8 AUG	___ 14 FEB
___ 3 MAR	___ 9 SEP	___ 15 MAR
___ 4 APR	___ 10 OCT	___ 16 APR
___ 5 MAY	___ 11 NOV	___ 17 MAY
___ 6 JUN	___ 12 DEC	

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___
FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

RE0HRSWK

DURING APRIL 2002, how many hours per WEEK did (you/name) usually care for (himself/herself)?

(1-99) Enter actual hours
(H) Help
__ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

(1) Yes
(2) No

__

or

Of those (number) hours per week, how many of them were while (you were/name was) at (work/school/work training/looking for work)?

(0-99) Enter actual hours

__ hours per week

RE0WHERE

Did **(name)** usually stay by (himself/herself) in your home, some other home, or someplace else?

IF NECESSARY: Where did (name) care for (himself/herself) most of the time?

(1) Child's home
(2) Other home
(3) Someplace else

—

ALLCCPAY

These next few questions are about last year, that is, from January through December 2001.

What is the TOTAL AMOUNT that (you/name) paid for ALL child care arrangements for **(CHILD)** from January through December 2001?

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, (0) FOR NOTHING, OR (NC) FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

(H) Help

$ _____

AELSEPAY

From January through December 2001, did anyone else pay for part or all of the cost of **(CHILD)'s** child care?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

(1) Yes
(2) No
(H) Help

—

AWHOPAY

Who or what agency helped pay for (CHILD)'s
child care arrangements during 2001?

1 Government (Federal, state, or local government
    agency, or welfare office)
2 Child's other parent (parent doesn't live with child)
3 Employer
4 Other (Please specify below)

_____

(H) Help

__ ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

YTIMELST

Last year, did (you/name) lose any time from work because (your/his/her] usual
child care provider was UNAVAILABLE to care for **(CHILD)**? This DOES NOT
INCLUDE times when (CHILD) was sick and couldn't be cared for by the usual
child care provider.

(1) Yes
(2) No
(H) Help

—

How much time did (you/name) lose from work?

—

IF NECESSARY: Is that hours, days, weeks, or months?

(1) Hours   (3) Weeks
(2) Days   (4) Months

—

NOCCPROV

Did (you/name) lose any time from work last year because (you/he/she) COULDN'T FIND a child care provider for **(child)**?

(1) Yes
(2) No
(H) Help

—

How much time did (you/name) lose from work?

—

IF NECESSARY: Is that hours, days, weeks, or months?

(1) Hours   (3) Weeks
(2) Days   (4) Months

—

CCCHANGE

How many times SINCE JANUARY 2001 has **(name)** changed from one child care provider to another?

(0-20)
(H) Help (what's included?)

__ changes

THESE ITEMS SHOULD APPEAR AFTER THE LAST CHILD HAS CYCLED THROUGH THE SERIES OF CHILD CARE QUESTIONS.

1316

At any time between January and December 2001, did (you/name) have to do any of the following because of child care problems:

(1) Yes   (2) No

   1) Quit or have to leave a job   ____
   2) Quit looking for work   ____
   3) Quit a training activity or
      school   ____

1317

At any time between January and December 2001, (were you/was name) unable to do any of the following because of child care problems:

(1) Yes   (2) No

   1) Unable to take or start a job   ____
   2) Unable to start looking for work   ____
   3) Unable to start a training activity
      or start school?   ____

1318   Are you aware of a state program that helps pay for child care costs?

(1)   Yes
(2)   No

   ___

1319

Why didn't you receive financial assistance from a government program to help cover your child care costs between January and December 2001?

(1) Not eligible (income too high)
(2) Was on waiting list
(3) Program ran out of money
(4) Couldn't choose child care provider I wanted
(5) Benefits not worth the paperwork
(6) Didn't know about it last year
(7) Other (specify) _____

   ___

CHILD SUPPORT AGREEMENT

CHAVPAR

Does (child) have a (father/mother/father or mother) who lives outside of this house?

(1) Yes
(2) No
(H) Help

___

WHORESP

LN   NAME   AGE

List names

Who in this household is legally responsible for (child)?

ENTER LINE NUMBER OR **"N"** IF NO ONE RESPONSIBLE

___

WHYNOPAR

Why does (name) not have a (father/mother) living outside this house?

(1) Died, deceased
(2) Both parents live in household
(3) Separated, divorced
(4) (Father/Mother) doesn't want contact
        with (father/mother)
(5) (Father/Mother) doesn't know where
        (father/mother) is
(6) Child was adopted by a single parent
(7) (Child's name) (mother/father) is no longer (his/her)
        legal (mother/father)
(8) Other
(H) Help

___

OTHNOPAR

       (1) In jail
       (2) Lives in another country
       (3) Artificial insemination;
           anonymous sperm donor
       (4) Not sure who father is
       (5) Trying to establish paternity
       (6) Other (specify)

       ___

       Specify: _____

CURAGREE

       Is there any kind of legal arrangement that says that (name's) (father/mother)
       should provide any kind of financial support for (him/her)?

       (1) Yes
       (2) No
       (3) Legal arrangement pending
       (4) There is an arrangement, but respondent doesn't know
           if it is legal
       (H) Help

       ___

EVERAGRE

       Has there ever been any other kind of agreement or understanding that says that
       (name's) (father/mother) should help support (him/her)?

       (1) Yes
       (2) No
       (H) Help

       ___

SAMEAGRE

       (Was CHILD'S name/Were any of (your/name's) other children) ever covered by
       the same agreement as (current child's name)?

       (1) Yes
       (2) No
       (H) Help

       ___

WHCHCHLD	LN NAME AGE
Which other children were covered by this agreement? ENTER AS MANY LINE NUMBERS AS NEEDED OR **"N"** FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ___	--- **SHOW ROSTER OF CHILDREN UNDER AGE 21**

AGREESUP

Did this (legal agreement/agreement) ever say that (child name/child and sibling(s) name(s))'s (father/mother) should make child support payments?

(1) Yes
(2) No
(H) Help

___

EVERLEGL

An agreement about child support can be made legal by going through a court, before a judge, or through an official legal process.

Was this agreement about child support payments for (child name/child and sibling(s) name(s))'s ever made legal?

(1) Yes
(2) No

___

PREAGREE

Some parents agree to the amount of child support before making the agreement legal.

Did (you/name) and (child name/child and sibling(s) name(s))'s (mother/father) do this?

(1) Yes
(2) No

___

SHLDPAY

Between January and December, 2001 was (name's/the children's)
(father/mother) supposed to make any child support payments for (child
name/child and sibling(s))?

(1) Yes
(2) No
(3) Yes, if (he/she) had a job
(4) Don't know because Child Support Enforcement Office
    filed the paper work
(H) Help

___

WHYNOPAY

Why was that?

(1) Child too old in 2001
(2) Other parent died before 2001
(3) Family lived together in all or part of 2001
(4) Child lived with other parent in all or part of 2001
(5) Other (specify)
(H) Help

___

Specify: _____

DEDCTPAY

During 2001, were any of the child support payments supposed to be deducted
from (his/her) paycheck?

(1) Yes
(2) No

___

PAYFRQ

The following questions ask about the child support (list names of children covered by this agreement) (father/mother) was SUPPOSED to pay.

During 2001, how often was (he/she) SUPPOSED to make these payments?

PROBE IF NEEDED: Would that be every week, every month, or some other way?

(1) Weekly
(2) Every other week
(3) Twice a month
(4) Monthly
(5) Quarterly
(6) Yearly
(7) Other (Specify)
(H) Help

___

Specify: _____

WKSHLD

How many weeks were payments SUPPOSED to be made in 2001?

(ENTER NUMBER OF WEEKS)

___ Weeks

MNTHPAY

(Were you/Was name) SUPPOSED to receive payments every month during 2001 or for only some months?

(1)   Every month in 2001
(2)   Only some months

___

MNTHPAID

Which months were you SUPPOSED to receive payments in 2001?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE **"0"** to ERASE, **"N"** for NO MORE

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO___

FROM ___ TO ___   FROM ___ TO ___   FROM ___ TO ___

___1 JAN	___7 JUL	
___2 FEB	___8 AUG	
___3 MAR	___9 SEP	
___4 APR	___10 OCT	
___5 MAY	___11 NOV	
___6 JUN	___12 DEC	

QMNTHPAID

Which months were the quarterly payments SUPPOSED to be made?
PROBE: What other month?

ENTER MONTH NUMBER OR **"N"** FOR NO MORE

(1) JAN	(7) JUL
(2) FEB	(8) AUG
(3) MAR	(9) SEP
(4) APR	(10) OCT
(5) MAY	(11) NOV
(6) JUN	(12) DEC

__   __   __   __

AMNTPAID

How much was (the weekly/every other week's/the twice monthly/the
monthly/the quarterly/the yearly) payment SUPPOSED to be during 2001?

AMOUNT: $_____.00

CALCDOLL

According to my calculations (you/name) should have received (total) dollars in
child support for (name/names of covered children) in 2001. Is that correct?

(1) Yes
(2) No
(H) Help

___

CORRDOLL

What is your best estimate of the amount (you were/name was) supposed to receive in child support for (name/names of covered children) in 2001?

(H) Help

AMOUNT: $_____.00

PAYCORR

Earlier you told me you actually received (total) dollars in child support in 2001. Is that correct?

(1) Yes
(2) No

___

DOLLREC

How much child support did (you/name) **actually** receive altogether from January through December 2001 for (name/names of covered children)?

AMOUNT: $_____.00

WHOPAID

During 2001, were the payments sent to (you/NAME) by the welfare or child support agency, by a court, directly from (child name/child and sibling(s) name(s))'s (father/mother), from (his/her) place of employment, or were they sent some other way?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER
(H) Help

_____ (1) Welfare or child support agency
_____ (2) Court
_____ (3) Directly from other parent
_____ (4) Other parent's place of employment
_____ (5) Other (specify)

SPECIFY: _____

WHYNOLEG **FLASHCARD X**

Why is there no legal agreement to help support (name/name's of covered children)?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

IF NECESSARY; READ RESPONSE CATEGORIES

____ (1) Legal paternity not established
____ (2) Unable to locate parent
____ (3) Do not want child support
____ (4) Did not pursue agreement
____ (5) Other (specify)

SPECIFY: _____

ASKHELP

(Have you/Has name) ever asked a public agency such as the child support enforcement office or welfare agency for help in obtaining child support under this (legal) agreement?

(1) Yes
(2) No

___

YEARASK

In what year did (you/name) last ask for help?

_ _ _ _

TYPEHELP

What type of help did (you/name) ask for?

ENTER EACH TYPE MENTIONED OR **"N"** FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

____ (1) Locate other parent
____ (2) Establish paternity
____ (3) Establish support obligation
____ (4) Establish medical support
____ (5) Enforce support order
____ (6) Modify an order
____ (7) Other (specify)

SPECIFY:_____

LEGLCUCT   **FLASHCARD Y**

What child custody arrangements does this legal agreement specify?

IF NECESSARY; READ RESPONSE CATEGORIES

(1) Joint legal and physical custody
(2) Joint legal custody with mother physical custody
(3) Joint legal custody with father physical custody
(4) Mother legal and physical custody
(5) Father legal and physical custody
(6) Split custody
(7) Other (Specify)
(H) Help

___

Specify: _____

CUSTAGRE

Is there an agreement regarding custody of (name of child(ren) covered by agreement)?

(1) Yes
(2) No

___

WHATCUST

What child custody arrangements does this agreement specify?

(1) (Child lives/Children live) with mother
(2) (Child lives/Children live) with father
(3) (Child lives/Children live) with mother and father
(4) None
(5) Other (specify)

(H) Help

___

Specify: _____

1415H   (Other than the child support you told me about, between/Between) January and December, 2001 did (CHILD/the children's) (father/mother) provide any of the (following additional/following) types of assistance for (child's name(s))?

                                                                    (1) Yes   (2) No

Provide health insurance coverage or pay for
medical expenses such as medicine or visits
to the doctor or dentist?   ___

Pay for housing costs, such as the mortgage or
rent for (name, the children)?   ___

Give any birthday, holiday, or other gifts to
(name/the children)?   ___

Provide clothes (,diapers, or shoes/or shoes)?   ___

Provide food or groceries?   ___

 Pay for child care, school tuition or summer camp?   ___

CONTACT WITH ABSENT PARENT

LSTCONTK

In what month and year did (child) last have contact of any kind, including phone calls, letters, or face-to-face contact with (his/her) (mother/father)?

(X) Never seen (mother/father)

MONTH: (01-12) ____
YEAR: (1977-2002) ____

WHERLIVE

Do you and (child)'s (father/mother) live in the same state?

(1) Yes
(2) No

___

Do you and (child)'s (mother/father) live in the same county or city?

(1) Yes
(2) No

___

MOTALKPH   **FLASHCARD Z**

How often does (child) talk to (his/her) (mother/father) on the phone?

IF NECESSARY; READ RESPONSE CATEGORIES

(1) Never
(2) Once or twice a year
(3) Several times a year but less than once a month
(4) Once or twice a month
(5) Once a week
(6) Several times a week
(7) Every day or almost every day

___

MOGETLTR **FLASHCARD Z**

How often does (child) get a letter, card, or e-mail from (his/her) (father/mother)?

IF NECESSARY; READ RESPONSE CATEGORIES

(1) Never
(2) Once or twice a year
(3) Several times a year but less than once a month
(4) Once or twice a month
(5) Once a week
(6) Several times a week
(7) Every day or almost every day

___

MODAYSEE **FLASHCARD Z**

How often does (child) see (his/her) (father/mother)?

IF NECESSARY; READ RESPONSE CATEGORIES

(1) Never
(2) Once or twice a year
(3) Several times a year but less than once a month
(4) Once or twice a month
(5) Once a week
(6) Several times a week
(7) Every day or almost every day

___

MONIGHTS **FLASHCARD Z**

How often does (child) stay overnight with (his/her) (mother/father) ?

IF NECESSARY; READ RESPONSE CATEGORIES

(1) Never
(2) Once or twice a year
(3) Several times a year but less than once a month
(4) Once or twice a month
(5) Once a week
(6) Several times a week
(7) Every day or almost every day

___

1450

I am going to read you a list of issues that you and (child's) (mother/father) may have conflict over. By conflict we mean, arguments, disagreements, or fighting. For each one, please tell me if you have no conflict, a little, some, pretty much, or a great deal of conflict.

During the past year, how much conflict did you and child's (father/mother) have about....

(1) No conflict   (4) Pretty much conflict
(2) A little conflict   (5) Great deal of conflict
(3) Some conflict   (6) I have no contact with my child's
                                      biological (mother/father)

__a. where (CHILD) lives?
__b. how (he/she) is raised?
__c. how you spend money on (CHILD)?
__d. how (his/her) (mother/father) spends
       money on (CHILD)?
__e. (his/her) (mother/father) financial contribution to
       (child)'s support?
__f. the time (his/her) (mother/father) spends with (CHILD)?

EXTENDED MEASURES OF CHILD WELL-BEING

1500   Now I'd like to talk to you about activities with your child. How often do you praise (child) for doing something worthwhile?

READ RESPONSES

(1) Never
(2) One to two times a month
(3) About once a week
(4) A few times a week
(5) One or two times a day
(6) Many times a day

___

1501   How often do you and (child) talk or play with each other, one-on-one, for five minutes or more, just for fun?

READ RESPONSES

(1) Never
(2) One to two times a month
(3) About once a week
(4) A few times a week
(5) One or two times a day
(6) Many times a day

___

1502   How often do you and (he/she) laugh together?

READ RESPONSES

(1) Never
(2) One to two times a month
(3) About once a week
(4) A few times a week
(5) One or two times a day
(6) Many times a day

___

1503   How often do you <u>do</u> something special WITH (child)?

READ RESPONSES

(1) Never
(2) One to two times a month
(3) About once a week
(4) A few times a week

___

1504A1
How many times in the past week did you or any family member show picture books to (child)?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Several times a week
(4) Everyday, or almost every day
(5) More than once a day

___

1504A2
How many times in the past month did you or any family member take (child) on any kind of outing, such as out to the park, grocery store, church, or playground?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Several times a week
(4) Everyday, or almost every day
(5) More than once a day

___

1504B1   How often do you play sports, hobbies, or games with him/her?

READ RESPONSES

(1) Never
(2) One to two times a month
(3) About once a week
(4) A few times a week

___

1504B2   How often do you play games with (him/her)?

READ RESPONSES

(1) Never
(2) One to two times a month
(3) About once a week
(4) A few times a week

___

1505   How often in a typical week have you or any family member read stories to (child) – never, once or twice a week, three to six times a week, or everyday?

READ CATEGORIES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Everyday

___

1506   In a typical week, how often do you or any family member make up stories, fairy tales, or tell stories about when you were growing up to (child)?

READ CATEGORIES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Everyday

___

1507   How often do you help (child) do arts and crafts?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1508   How often do you involve (child) in household chores, like cooking, cleaning, setting the table, or caring for pets?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1509   How often do you play card or board games or do puzzles with (child)?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1510   How often do you talk about nature or do science with (child)?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1511   In the last year, how often did you or someone in your family visit a library with (child)?

READ RESPONSES

(1) Never
(2) A few times during the past year
(3) About once or twice a month
(4) About once a week or more

___

1512   About how many children's book does (child) have in your home now, including library books?

READ RESPONSES

(1)   None
(2)   1 or 2 books
(3)   3 to 9 books
(4)   10 to 19
(5)   20 or more books.

___

1512A   How often do you or any family member go with (child) somewhere -- like out to the movies, to the park, to a sports event, or to a shopping mall?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512B   How often does (child) visit a museum, such as a scientific, art, historical, or children's museum?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512C   About how often does (child) read for enjoyment?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512D   About how often does (child) go to the library to read or check out books?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512E   During the past year, did (child) go on an overnight trip or retreat with you, with family or friends, or attend an overnight camp?

(1) Yes
(2) No

___

1512H   How often do you or any family member go with (child) somewhere -- like out to the movies, or the park, to a sports event, or to a shopping mall?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512I   How often does (child) visit a museum, such as a scientific, art, or historical museum?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512J   About how often does (child) read?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512K   About how often does (child) go to the library to read or check out books?

READ RESPONSES

(1) Never
(2) Several times a year
(3) About once a month
(4) About once a week
(5) Everyday or almost everyday

___

1512L   During the past year, did (child) go on an overnight trip or retreat with you, with family or friends, or attend an overnight camp?

(1) Yes
(2) No

___

1514   The next few questions ask about your child's progress in school.

Based on your knowledge of (child)'s schoolwork, including (his/her) report cards, how has (he/she) been doing in school, overall? Would you say very well, well, average, below average, or not well at all?

(1) Very well
(2) Well
(3) Average
(4) Below average
(5) Not well at all
(6) Child not attending school

___

1515a   For each of the following statements, please tell me if you think it is often true, sometimes true, or not true. Would you say (child):

Cares about doing well in school?

READ RESPONSES

(1) Often true
(2) Sometimes true
(3) Not true

___

1515b   Only works on schoolwork when forced to?

READ RESPONSES

(1) Often true
(2) Sometimes true
(3) Not true

___

1515c   Does just enough schoolwork to get by?

READ RESPONSES

(1) Often true
(2) Sometimes true
(3) Not true

___

1515d   Always does homework?

READ RESPONSES

(1) Often true
(2) Sometimes true
(3) Not true

___

1515e   During the school year, how many times a week does (child) usually get (his/her) homework done on time?

READ RESPONSES

(1) Never
(2) Less than once a week
(3) 1-2 times a week
(4) 3-4 times a week
(5) Everyday or almost every day

___

1515f   During the school year, how often is (child's name) usual late for school?

READ RESPONSES

(1) Never
(2) Less than once a week
(3) 1-2 times a week
(4) 3-4 times a week
(5) Everyday or almost every day

___

1516a   I'm going to read some statements about things that may occur in your family. In a typical week, please tell me the number of days.

(Child's) bedtime routine is the same -- never, once or twice a week, three to six times a week, or every day?

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1516b   (Child) has breakfast at a regular time?

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1516c   (Child) goes to bed at a regular time.

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

___

1520a   Now I am going to read some statements that describe behavior problems many children have. Please tell me whether each statement has been OFTEN true, SOMETIMES true of NOT true of (child) during the past 3 months.

Has been uncooperative. Has that been OFTEN true, SOMETIMES true, or NOT true of (child) in the past 3 months?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1520b   Has trouble getting to sleep.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1520c   Has speech problems.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1520d   Is unhappy, sad, or depressed.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1520e   Has temper tantrums or a hot temper.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1520f   Has been nervous or high strung?

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1521a   Now I am going to read some statements that describe behavior problems many children have. Please tell me whether each statement has been OFTEN true, SOMETIMES true of NOT true of (child) during the past 3 months.

Has been nervous, high strung, or tense.

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1521b.   Can't concentrate or pay attention for long.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1521c   Doesn't get along with other kids.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1521d   Feels worthless or inferior.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1521e   Has been unhappy, sad, or depressed.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1521f   Acts too young for his/her age.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1522a   Now I am going to read some statements that describe behavior problems many children have. Please tell me whether each statement has been OFTEN true, SOMETIMES true or NOT true of (child) during the past 3 months.

Lies or cheats.

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1522b   Doesn't get along with other kids.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1522c   Has been unhappy, sad, or depressed.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1522d   Can't concentrate or pay attention for long.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1522e   Does poorly at schoolwork.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

1522f   Has trouble sleeping.

READ RESPONSES

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

___

POSITIVE BEHAVIORS/SOCIAL COMPETENCE

1530a   Here are some statements that may or may not describe your child. As I read each statement, decide whether it is often true, sometimes true, or not true of your child, over the last three months.

          (Child) is warm and loving. Is that often true, sometimes true, or not true of (child)?

          (1) OFTEN true
          (2) SOMETIMES true
          (3) NOT true

          ___

1530b   Gets along well with other children.. Is that often true, sometimes true, or not true of (child)?

          (1) OFTEN true
          (2) SOMETIMES true
          (3) NOT true

          _____

1530c   Is admired and well liked by other children.. Is that often true, sometimes true, or not true of (child)?

          (1) OFTEN true
          (2) SOMETIMES true
          (3) NOT true

          _____

1530d   Shows concern for other people's feelings.. Is that often true, sometimes true, or not true of (child)?

          (1) OFTEN true
          (2) SOMETIMES true
          (3) NOT true

          _____

1530e   Is helpful and cooperative.. Is that often true, sometimes true, or not true of (child)?

          (1) OFTEN true
          (2) SOMETIMES true
          (3) NOT true

          _____

1530f   Is considerate and thoughtful of other children.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1530g   Tends to give, lend, and share.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531a   Here are some statements that may or may not describe your child. As I read each statement, decide whether it is often true, sometimes true, or not true of your child, over the last three months.

(Child) plans ahead. . Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531b   Is admired and well liked by kids the same age.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531c   Is considerate and thoughtful of other people.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531d   Goes out of (his/her) way to make the family feel proud.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531e   Is able to express (his/her) thoughts and feelings to other people.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531f   Is warm and affectionate toward members of our family.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

1531g   Spends (his/her) own time helping other people.. Is that often true, sometimes true, or not true of (child)?

(1) OFTEN true
(2) SOMETIMES true
(3) NOT true

_____

FAMILY ROUTINES

1540a   Now, I'm going to read some statements about things that may occur in your family. In a typical week, please tell me the number of days...

At least some of the family eats breakfast together -- never, once or twice a week, three to six times a week, or every day?

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

_____

1540b   Your family eats dinner together.

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

_____

1540c   The evening meal is served at a regular time.

READ RESPONSES

(1) Never
(2) Once or twice a week
(3) Three to six times a week
(4) Every day

_____

1542   Does your home have a computer?

(1)   Yes
(2)   No

_____

CONFLICT BETWEEN PARENTS

(Begin Self administered)

1550a

How often, if at all, in the past year have you and your (spouse/unmarried partner) had disagreements about each of the following:

Household tasks

READ RESPONSES

(1) Never
(2) A few times a year
(3) Once a month
(4) Several times a month
(5) About once a week
(6) Several times a week
(7) Almost every day

___

1550b.   Money

READ RESPONSES

(1) Never
(2) A few times a year
(3) Once a month
(4) Several times a month
(5) About once a week
(6) Several times a week
(7) Almost every day

___

1550c.   Spending time together

READ RESPONSES

(1) Never
(2) A few times a year
(3) Once a month
(4) Several times a month
(5) About once a week
(6) Several times a week
(7) Almost every day

___

1550d.   Sex

READ RESPONSES

(1) Never
(2) A few times a year
(3) Once a month
(4) Several times a month
(5) About once a week
(6) Several times a week
(7) Almost every day

___

1550e.   In-laws

READ RESPONSES

(1) Never
(2) A few times a year
(3) Once a month
(4) Several times a month
(5) About once a week
(6) Several times a week
(7) Almost every day

___

1551c. Family members sometimes get so angry they throw things.

READ RESPONSES

(1) Strongly agree
(2) Somewhat agree
(3) Somewhat disagree
(4) Strongly disagree

___

1551d. Family members always calmly discuss problems.

READ RESPONSES

(1) Strongly agree
(2) Somewhat agree
(3) Somewhat disagree
(4) Strongly disagree

___

1551e. Family members often criticize each other.

READ RESPONSES

(1) Strongly agree
(2) Somewhat agree
(3) Somewhat disagree
(4) Strongly disagree

___

1551f. Family members sometimes hit each other in anger.

READ RESPONSES

(1) Strongly agree
(2) Somewhat agree
(3) Somewhat disagree
(4) Strongly disagree

___

1552a   Please tell me how often the following statements are true for you.

My (child/children) (does/do) things that really bother me a lot.

READ RESPONSES

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) None of the time

___

1552b   I find myself giving up more of my life to meet my (child's/children's) needs than I ever expected.

READ RESPONSES

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) None of the time

___

1552c   I feel angry with my (child/children).

READ RESPONSES

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) None of the time

___

1552d   I feel trapped by my responsibilities as my (child's/children's) parent.

READ RESPONSES

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) None of the time

___

1552e   I felt my (child/children) is/are much harder to care for than most children

READ RESPONSES

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) None of the time

___

MARITAL RELATIONSHIP AND CONFLICT

BEGIN SELF ADMINISTERED

1599

I am going to turn the computer around and let you enter your answers to these last few questions yourself. After typing the number of your answer, press ENTER to proceed to the next question.

PRESS ENTER TO PROCEED AND THEN TURN THE COMPUTER TOWARD RESPONDENT.

Q1600

Taking things all together, how happy are you with your relationship with your (spouse/partner) -- are you completely happy, mostly happy, somewhat happy, or not too happy?

(1) Completely happy
(2) Mostly happy
(3) Somewhat happy
(4) Not too happy

___

Q1601

How often have you and your (spouse/partner) discussed or considered separating during the past few months -- often, sometimes, hardly ever, or never?

(1) Often
(2) Sometimes
(3) Hardly ever
(4) Never

___

1601B

Sometimes arguments between partners become physical. During the last year, has this happened in arguments between you and your (spouse/partner)?

(1) Yes
(2) No

__

PARENTAL DEPRESSION SCALE

Q1602

The following questions are asked to find out about feelings you may have experienced over the past 30 days. There are no right or wrong answers. Choose the answer that best describes how often you felt or behaved this way for each statement during the past 30 days.

During the past 30 days, how often did you feel so sad that nothing could cheer you up? Would you say:

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

___

Q1604

During the past 30 days, how often did you feel nervous? Would you say:

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

___

Q1605

During the past 30 days, how often did you feel restless or fidgety? Would you say:

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

___

Q1606
During the past 30 days, how often did you feel hopeless? Would you say:

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

___

Q1607
During the past 30 days, how often did you feel that everything was an effort?   Would you say:

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

___

Q1608
During the past 30 days, how often did you feel worthless? Would you say:

(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

___

Q1609
You just answered questions about a number of feelings you may have had during the past 30 days. Altogether, how **much** did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

(1) A lot
(2) Some
(3) A little
(4) Not at all

___

1609b
You have completed these questions. Please turn the computer back to the interviewer.

DEBIT CARD QUESTIONS

INCENTV2

MARK WITHOUT ASKING:

You did not give the respondent a debit card at the beginning of the interview. Have you NOW given the respondent a debit card to complete the SPD interview?

(1) Yes
(2) No

___

INCENUM2

DO NOT READ:

   FR: Enter 4-digit cash card number from the debit card.

 (A-L)   __ __ __ __ (allow max for region)
 (alpha)   (NUMBER)

NOTE: INVALID Card Number. The maximum number of cards is _ _ _ _.

Press ENTER to return to INCENUM2.

INCWHY2

DO NOT READ:

Why did you give the respondent a debit card?

1.   The respondent did not get the original card that was mailed.
2.   Type A conversion
3.   Original card that was mailed does not work
4.   This is a split case of an incentive household (the original household (OSPs) split into two or more cases)
5.   Other (Specify)_____ (allow 70)

___

CANCEL3   (If INCWHY2 is not equal to 4)

DO NOT READ:

This case was preassigned debit card _ _ _ _ _. The original debit card will be canceled by HQ.

Press Enter

___

THE BACK

___

CALLBACK DATES AND BREAK OFFS

___

FIN

THIS CASE IS NOT COMPLETED

PRESS **F1** TO RETURN TO THE PREVIOUS SCREEN

OR

ENTER **(X)** TO EXIT THE INTERVIEW

(X) To Exit

___

___

SKIPAVAIL1
   The following people were skipped in the Employment & Earnings sections.

SHOW HH MEMBERS WHO ARE OLDER THAN AGE 15 YEARS

If available now, enter the person's line number to resume the
interview with that person. Otherwise, enter N, for no one available.

   (N) No one available

LINE NO: __

___

SKIPAVAIL2
   The following people were skipped in the Income Sources section.

SHOW HH MEMBERS WHO ARE OLDER THAN AGE 15 YEARS

If available now, enter the person's line number to resume the
interview with that person. Otherwise, enter N, for no one available.

   (N) No one available

 LINE NO: __

___

SKIPAVAIL3
>The following people were skipped in the Educational Enrollment,
>Work Training, Disability, and Health Care Utilization sections.
>
>**SHOW HH MEMBERS WHO ARE OLDER THAN AGE 18 YEARS**
>
>If available now, enter the person's line number to resume the
>interview with that person. Otherwise, enter N, for no one available.
>
>>(N) No one available
>
>LINE NO: __

SA4

>The child care questions and followup questions were not completed
>for the parents/guardians listed below:
>
>**SHOW ONLY HH MEMBER'S WHO ARE PARENTS/GUARDIANS**
>
>Enter a 1 below to return to complete that section, or enter an N if
>it is not possible to complete that section at this time.
>
>>(1) To return to the Child Care Section
>>(N) Not possible to complete now, continue
>
>>___

NEWR1

LINE   NAME

>FR: WHO IS THE RESPONDENT?
>(MUST BE 15 OR OLDER)
>
>
>LINE: ___

(#*COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)*

NEWR2

LINE   NAME

>FR: WHO IS THE RESPONDENT?
>(MUST BE 15 OR OLDER)
>
>
>LINE: ___

(#*COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)*

NEWR3

LINE   NAME

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE: ___

(#*COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)*

EM3A

A respondent must be 15 or older. This person is listed as (AGE) years old.

An age has not been determined for this person. Verify that this person is 15 or older before continuing.

    (1) To continue with this person (must be 15)
    (2) To pick another respondent

   ___

RECALL2
PEOPLE WITH INCOMPLETE LABOR FORCE

LINE   NAME

roster persons

TYPEZ	**PEOPLE WITH INCOMPLETE LABOR FORCE**
FR: The people listed on the right have not completed the Employment & Earnings Section.	**LINE NAME**
If you enter their line number on this screen, you will make them a TYPE Z. If you don't want to make anyone a Type Z, enter **N**.	
Enter **N** when you are done entering line numbers for the Type Zs.	
(N) No Type Zs, or no more to enter	
Line: ___	

(#*COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER*)

FU

    FR: Do you plan to do additional followup for missing data remaining in this case?

        (1) Yes
        (2) No

        ___

HHRECAP_2

During our last visit, we recorded the following information.

NAME ON ADVANCE LETTER:

BEST TIME TO CALL:

TELEPHONE NUMBER:

Is this information still correct?

(1) Yes
(2) No

___

LTRADDR

ENTER THE LINE NUMBER OF THE PERSON IN THIS HOUSEHOLD TO WHOM CORRESPONDENCE SHOULD BE SENT

ASK IF NOT APPARENT

__

HHRECAP_3

Let me ask you: To whom should we mail our next advance letter? (Type the correct information, or press (bold)ENTER , if correct)

NAME ON ADVANCE LETTER: _____(First) _____(Last)

What is the best time to call you? _____

What is your telephone number? (___)   ____-____   _____(EXT)

CPRECAP1
  During our last visit, we recorded the following information about
  persons to contact if we couldn't reach you. You told us to contact ...

NAME 1:   Name
                 Address
              Relationship

TELEPHONE NO.:

ONLY SHOW WHEN CONTACT PERSONS ARE MORE THEN ONE

NAME 2:   Name
                 Address
              Relationship

      (1) Change information for Contact Person #1
      (2) Change information for Contact Person #2
      (P) PROCEED - All information correct

        ___

SHOW OPTION #2 WHEN CONTACT PERSONS ARE MORE THEN ONE

CPR1
   Type the correct information or, if correct, press the **ENTER** key.

   Current name: _____

   Relationship (Please indicate to whom this person is related):

   Current Rel: _____

   Current address: _____

   _____

   Current telephone: (___) ____-____   Ext: _

CPR2
   Type the correct information or, if correct, press the **ENTER** key.

   Current name: _____

   Relationship (Please indicate to whom this person is related):

   Current Rel: _____

   Current address: _____

   _____ ST) _____-____

   Current telephone: (____)   ____-____   Ext: _____

TELHHD

   Since households included in this survey are interviewed
   again in 4 months, we may attempt to conduct the followup
   interview by telephone.

   Is there a telephone in this house/apartment?

      (1) Yes
      (2) No

      ___

TELAVL

      Is there a telephone elsewhere on which people in
this household can be contacted?

        (1) Yes
        (2) No

        ___

TELWHR

      Where is this phone located?

      _____

TELPHN

      What is the telephone number of the phone where
you would like to be called?

      in Area Code: _____)   New Number: _____-_____

        EXT: _____   **IF NO EXTENSION, PRESS ENTER**

        IS THIS A HOME OR OFFICE NUMBER?

        (1) Home
        (2) Office

        ___

PHONEO

      Is a telephone interview acceptable?

        (1) Yes
        (2) No
        (3) No phone available

        ___

(*#COMMENT: COLLECTS THE BEST TIME TO CALL TO CONDUCT AN
INTERVIEW NEXT TIME*

BESTTIM

      When is the best time to contact you?

        _____

CONTACT PERSON INFORMATION

CPNAME1
Please, give me the name, address, and telephone number
of a close relative or friend who would know how to
reach you if we are unable to contact you.

Please, begin with that person's first name.

(0) NO CONTACT PERSON INFORMATION AVAILABLE

FIRST NAME   _____
MIDDLE NAME   _____
LAST NAME   _____

CPRELAT1
What is that person's relationship to you?

_____

CPADDRS1
What is that person's address?

STREET ADDRESS:_____

STREET ADDRESS:_____

CITY:_____

STATE:___   ZIP CODE:_____

CPPHONE1
What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code:____   New Number:____-____

EXT:_____ **IF NO EXTENSION, PRESS ENTER**

MORECP1
Is there another person who would know how to
reach you?

(1) Yes
(2) No

___

CPNAME2

Please, give me the name, address, and telephone number
of a close relative or friend who would know how to
reach you if we are unable to contact you.

Please, begin with that person's first name.

FIRST NAME   _____
MIDDLE NAME   _____
LAST NAME   _____

CPRELAT2

What is that person's relationship to you?

_____

CPADDRS2

What is that person's address?

STREET ADDRESS:_____

STREET ADDRESS:_____

CITY: _____

STATE:___   (H) HELP

ZIP CODE:_____

CPPHONE2

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code:____   New Number:____-____

EXT:_____ **IF NO EXTENSION, PRESS ENTER**

LTRADDR

*****ENTER THE NAME OF THE PERSON IN THIS
HOUSEHOLD TO WHOM CORRESPONDENCE SHOULD BE SENT*****

ASK IF NOT APPARENT

IF FULL NAME IS THE SAME AS THE REFERENCE PERSON,
ENTER (S) IN FIRST NAME.

FIRST NAME   _____
MIDDLE NAME   _____
LAST NAME   _____

TRANS

ARE YOU READY TO TRANSMIT THIS CASE?

(1) Yes
(2) No

___

NOWTYPEA

** DO NOT READ TO RESPONDENT**

THIS IS NOW A TYPE A- (Type)

PRESS ENTER TO CONTINUE

WHYTYPZ6

No survey data were collected for
(NAME).
Enter the reason that best describes why
(NAME)'s survey data were not collected.

(1) Person was ill or in the hospital
(2) Person was temporarily away from home
(3) Refused
(4) Other (specify)

___

WHYSP6

Enter other reason survey data was not collected.

_____

NONSMPL

This case is no longer in the SPD sample; please re-enter this
case and enter code 36 on the TYPEABC screen to close it out.

If you believe you have reached this screen in error, press F1
and change the answer on the screen UNIT_CMB to 1.

Press F1 to back up and make corrections, or press ENTER to
exit this case.

__ (PRESS ENTER)

CALLBACK APPOINTMENT SCREEN

HOUSEHOLD MEMBERS STILL NEEDING TO BE INTERVIEWED

APPTOTH

I'd like to schedule an appointment visit to finish the interview. What DATE AND TIME would be best to contact you again to (conduct the interview/collect the missing information/
complete the interview?

PROBE: May I contact you later today?
TODAY IS: *FILL WITH CURRENT DAY AND TIME.*

THANKCB

     Thank you for your help.

     I will contact you at the time suggested.

     REVISIT DATE: *FILL WITH CALLBACK TIME/DATE*

     PRESS ENTER TO CONTINUE

     __

CLOSING SCREENS

THANKYOU

Thank you for your cooperation.
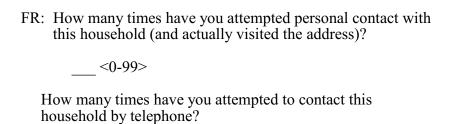
PRESS ENTER TO END INTERVIEW

___

MODECOLL

FR CHECK ITEM:

Was the majority of this interview done by
personal interview, or by telephone interview?

(1) Personal interview
(2) Telephone interview

___

CHECKOUT AND CALL RECORD

VISITCNT

>   FR: How many times have you attempted personal contact with
>   this household (and actually visited the address)?
>
>   ___ <0-99>
>
>   How many times have you attempted to contact this
>   household by telephone?
>
>   ___ <0-99>
>
>   **SHOW ONLY IF ATTEMPTED TO CONTACT BY TELEPHONE IS
>   GREATER THEN 0**
>
>   Was the majority of this interview done by
>   personal interview, or by telephone interview?
>
>   (1) Personal interview
>   (2) Telephone interview
>
>
>   ___

OTHNAME

>   FR: IDENTIFY THE PERSON WHO RESPONDED TO THE MAJORITY OF
>   THIS INTERVIEW?
>
>   ENTER LINE NUMBER
>
>
>   __

INOTES_1
    (section INOTES)

Enter brief notes about this case that could help with the next interview.

    (N) No notes needed, or finished entering notes

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

INOTES_2
Previous notes about this case are shown below.   (1) Keep all notes as shown
    UP ARROW = UP one line   (2) Revise notes
      DOWN ARROW = DOWN one line   (3) Replace all notes
Press ENTER or Enter N = When done   __

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

INOTES_3 (window 3 no border)

Enter brief notes about this case that could help with the next interview.

(N) No notes needed, or finished entering notes

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____